

Case Number:	CM15-0147783		
Date Assigned:	08/10/2015	Date of Injury:	11/01/2014
Decision Date:	09/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male who sustained an industrial injury on 11-01-14. Initial complaints include right knee pain. Initial diagnoses are not available. Treatments to date include a knee support, physical therapy, right knee surgery, and medications. Diagnostic studies include x-rays and a MRI of the right knee. Current complaints include constant bilateral knee pain. Current diagnoses include status post right knee surgery, status post left knee anterior cruciate ligament reconstruction, right elbow olecranon bursitis, right knee degenerative disease, and assumed left knee degenerative disease. In an AME report dated 05-28-15 the evaluating provider reports the plan of care as a MRI of the left knee. The requested treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Physical Therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The claimant sustained a work-related injury in November 2014 and underwent right knee arthroscopy with a meniscectomy and chondroplasty in on 04/02/15 and had 11 post-operative physical therapy treatments. When seen, there was an antalgic gait. There was bilateral knee joint line tenderness with positive McMurray testing. There was right knee swelling. Additional physical therapy is being requested. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of additional post-operative therapy visits is in excess of the guidelines recommendation or what would be expected to finalize a home exercise program. The request is not considered medically necessary.