

Case Number:	CM15-0160151		
Date Assigned:	08/26/2015	Date of Injury:	11/11/2014
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 64 year old male who sustained an industrial injury on 11/11/2014. He reported his right knee buckled due to uneven pavement. The injured worker was diagnosed as having: Pain in joint, lower leg, Myalgia and myositis, unspecified. Treatment to date has included physical medications, MRI, and arthroscopic debridement, meniscetomy and chondroplasty. The worker is receiving postoperative rehabilitation therapy. Currently, the injured worker complains of right knee swelling with restricted range of motion. He has completed approximately 10 physical therapy sessions and reportedly feels week in extension and has some limitations in flexion he would like to work on in physical therapy. He notes that walking is OK. He is not taking any pain medications other than an occasional intermittent dose of Naprosyn. On examination the right knee shows no gross deformities, edema, ecchymosis or erythema. There is minor tenderness to palpation at the patellar facets laterally and medially and at the bursa. Extension is 0 degrees. Flexion of the right knee is 110 degrees. The worker displays 44/5 strength on manual resistance testing of the right lower extremity. The treatment plan is for additional physical therapy. A request for authorization was submitted for:
 Additional physical therapy (PT) for the right knee 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) for the right knee 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.