

Case Number:	CM15-0163759		
Date Assigned:	09/01/2015	Date of Injury:	03/08/2014
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Hawaii
 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 is a 49 year old male who sustained an industrial injury on 03-08-14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, and multiple left leg surgery. Diagnostic studies include x-rays. Current complaints include status post left leg surgery. Current diagnoses include left tibial plateau fracture nonunion, status post multiple staged surgeries. In a progress note dated 07-30-15 the treating provider reports the plan of care as continued outpatient therapy. 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:

Physical Therapy 2x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Physical Therapy 2x6 weeks. The physical therapy report dated 7/31/15 it documents that the

patient has completed 24/38 visits of physical therapy. (52B). The patient is not currently in the post surgical phase of recovery as the prior knee surgery was performed on 3/26/14. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. The MTUS Post-Surgical guidelines recommend 24 visits of physical therapy for knee arthroscopy. In this case, the treating physician has documented that the patient has completed 24 visits of PT and the current request of 12 sessions is in excess of the 8-10 recommended in the MTUS guidelines. The current request is not medically necessary.