

Case Number:	CM15-0165095		
Date Assigned:	09/02/2015	Date of Injury:	05/15/2014
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 48 year old man sustained an industrial injury on 5-15-2014. The mechanism of injury is not detailed. Diagnoses include knee sprain-strain, contusion of knee, and tear of medial cartilage or meniscus of knee. Treatment has included oral medications and surgical intervention. Physician notes dated 7-9-2015 show complaints of knee pain. Recommendations include physical therapy and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy to right knee 3 times a week for 4 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in May 2014 and underwent an arthroscopic lateral retinacular release with synovectomy and chondroplasty and open proximal patellar realignment on 02/19/15. As of 04/28/15 there has been completion of 12 post-operative

physical therapy treatments. When seen, he was improving slowly. There was an antalgic gait. There was slightly decreased right knee range of motion with decreased quadriceps strength. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had a course of post-operative physical therapy appropriate after undergoing this surgery. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.