

Case Number:	CM15-0166617		
Date Assigned:	09/04/2015	Date of Injury:	03/14/2003
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Emergency Medicine

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 48 year old female, who sustained an industrial injury on 3-14-2003. Diagnoses include pain in joint lower leg, long term meds NEC, therapeutic drug monitor and left knee lateral meniscal tear. Treatment to date has included multiple surgical interventions of the left knee (2003, 2004, and meniscal repair on 6-19-2015) followed by postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 7-29-2015, the injured worker presented for follow-up of left knee pain. She states that she is having some improvement over the past few weeks. She is status post surgery on 6-19-2015. Her activity tolerance is still low. She is going to physical therapy twice a week. Physical examination revealed three small surgical incisions covered by bandages on the left knee. There was no edema or tenderness palpated in any extremity. The plan of care included continuation of physical therapy and medications. Authorization was requested for additional 6 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left Knee # 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 4 , Division of worker's Compensation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

Decision rationale: The requested Physical Therapy for the left Knee # 6 is not medically necessary. CA MTUS Post-Surgical Guidelines, Pages 25, Knee, Meniscus, Note recommended therapy of 12 sessions over 12 weeks. The injured worker has left knee pain. She states that she is having some improvement over the past few weeks. She is status post surgery on 6-19-2015. Her activity tolerance is still low. She is going to physical therapy twice a week. Physical examination revealed three small surgical incisions covered by bandages on the left knee. There was no edema or tenderness palpated in any extremity. The treating physician has not documented the medical necessity for additional therapy beyond two more sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy for the left Knee # 6 is not medically necessary.