

Case Number:	CM15-0167429		
Date Assigned:	09/08/2015	Date of Injury:	02/18/2010
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
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: 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 injured worker is a 48 year old male, who sustained an industrial injury on 02-18-2010 secondary to left knee being struck by a cart, resulting in immediate pain. On primary treating physicians progress report visit dated 07-27-2015, the injured worker reported left knee pain. The objective findings the injured worker was noted to be recovering from an arthrotomy of the left knee. Minimal pain and tenderness to the left was noted as well as mild swelling. The diagnoses have included arthropathy, unspecified, lower leg and transient arthropathy, lower leg. Treatments to date included physical therapy and medication. The injured worker was noted not to be working until 09-20-2015. The provider requested physical therapy 3 times a week for 4 weeks, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The claimant sustained a work-related injury in February 2010 and is being treated for left knee pain. He underwent arthroscopic surgery in October 1998 and a partial meniscectomy and debridement in March 2005. He has osteoarthritis of the knees bilaterally. When seen, he was recovering from a knee arthrotomy. The specific procedure performed is not documented. An x-ray was obtained and reported as showing no increase in arthritis. There was mild swelling and tenderness. His BMI is over 35. Additional physical therapy is being requested. Presumably the claimant is status post another knee arthroscopy. After knee arthroscopy, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. 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 would 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.