

Case Number:	CM15-0169976		
Date Assigned:	09/10/2015	Date of Injury:	04/16/2012
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker was a 51 year old male, who sustained an industrial injury, April 16, 2012. The injury was from cumulative trauma to the right knee. The pain in the right knee got worse and worse. According to progress note of April 1, 2015 was status post hardware and scar tissue removal March 13, 2015 and eight days after surgery the injured worker suffered a heart attack. The injured worker had persistent drainage from the surgical site after surgery. The injured worker was referred to wound care for potential closure on April 8, 2015. On May 6, 2015, the injured worker underwent wound closure of the right knee. On May 12, 2015, the physical therapist stated the injured worker had not lost any range of motion. On May 12, the flexion was 40 degrees. According to the progress note of June 4, 2015, the injured worker was continuing physical therapy two times a week and was in phase ii of cardiac rehab 3 times a week and enjoying it. The injured worker was walking 2-3 miles a week in addition. The injured worker had lost 15 pounds since surgery. The progress note of June 23, 2015, the physical exam noted the flexion of the right knee was 120 degrees. There was no tenderness with palpation. The incision was clean, dry and intact. On June 29, 2015, the following treatments were requested 12 sessions or three visits to learn strength program for the right knee. The injured worker was diagnosed with right knee degenerative joint disease. The injured worker previously received the following treatments status post hardware and scar tissue removal March 13, 2015, Oxycodone, 24 physical therapy sessions and right knee brace. The RFA (request for authorization) dated June 29, 2015; the following treatments were requested 18 sessions of physical therapy 2-3 times a week for 4-6 weeks. The UR (utilization review board) denied certification on August 18,

2015, due to there was a lack of documentation of objective functional benefit received from prior therapy. The quantity of prior therapy was not provided. The request for 18 sessions would be excessive. Therefore, the request was uncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of PT Over 6 Weeks for The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in April 2012 and underwent an anterior cruciate ligament repair with tibial osteotomy and hardware removal in March 2015 complicated by post-operative anemia and a myocardial infarction. He started physical therapy on 04/01/15. As of 05/06/15, he had attended 7 treatment sessions. In June 2015 there is reference to needing 3 additional treatments for transition to a gym based exercise program. When seen in August, he was using an unloader brace. There was decreased knee strength with range of motion from 0 to 110 degrees. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and in June 2015 was ready to transition to an independent exercise program. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's exercise program. The request is not medically necessary.