

Case Number:	CM15-0169986		
Date Assigned:	09/16/2015	Date of Injury:	09/02/2013
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
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 is a 34 year old female who sustained an industrial injury on September 02, 2013. A secondary treating office visit dated April 23, 2015 reported chief subjective complaint of gastrointestinal issues. There is note of in February 2015 she was diagnosed with inflammation of the liver, a fatty liver and stomach ulcer. She was treated with Cimetidine and Sucralfate but at this time she is with complaint of abdominal pain, acid reflux, bloating and nausea. Current medications are: Mylanta, and Alka-Seltzer or Tums. A recent primary treating office visit dated April 06, 2015 reported subjective complaint of bilateral knee pain. Of note, the worker is noted scheduled for left knee surgery on May 15, 2015. The following diagnoses were applied: right knee strain and sprain, compensatory; left knee strain and sprain; left knee meniscal tear, and left ankle pain, compensatory. The plan of care noted the physical therapy session put on hold and referral for gastrointestinal consultation. Primary treating follow up dated May 04, 2015 reported the plan of care with recommendation for a course of physical therapy treating bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions 3x/week for 4 weeks for the left knee as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The claimant sustained a work injury in September 2013 and underwent an arthroscopic left knee synovectomy with partial meniscectomy on 06/19/15. When seen on 07/16/15 physical therapy was helping with decreasing pain and decreasing tenderness. Authorization for continued physical therapy three times per week for four weeks was requested. On 08/13/15 she was having bilateral knee and left ankle pain. Physical examination findings included increased left knee tenderness. Authorization was again requested for continued physical therapy three times per week for four weeks. After the surgery performed, 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. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.