

Case Number:	CM15-0185604		
Date Assigned:	09/25/2015	Date of Injury:	02/11/2014
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 21 year old man sustained an industrial injury on 2-11-2014. Diagnoses include status post left knee surgeries. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 8-12-2015 show complaints of left knee pain. The physician states the worker's knee is regressing as evidenced by the range of motion and strength are worsening. The physical examination shows left knee range of motion "is 0 to 100 degrees with stiffness at the end ranges of motion" and strength is 3 out of 5. Recommendations include additional physical therapy, continue conservative modalities including rest, ice, anti-inflammatory and analgesic medications, and follow up in six weeks. Utilization Review denied a request for 12 additional physical therapy sessions for the left knee on 9-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy x12 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with left knee pain. The current request is for postoperative physical therapy x12 for the left knee. The treating physician states, in a report dated 08/12/15, at this time for the patient, I am recommending that 12 additional sessions of formal physical therapy be provided for the patient's left knee. (28B) the patient underwent surgery on 05/29/15 for a medial meniscus tear. The PTSG guidelines state, postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. In this case, the treating physician, based on the records available for review, states the patient's left knee is regressing at this point as he has only completed six sessions of total physical therapy after his surgery. (28B) while additional PT may be appropriate, the treating physician has requested 12 visits which are in excess of the guideline recommendation of 12 total visits and the IMR process does not allow alteration of the requested amount. The current request is not medically necessary.