

Case Number:	CM15-0187310		
Date Assigned:	09/29/2015	Date of Injury:	06/17/2008
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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 is a 49 year old male with a date of injury on 6-17-2008. A review of the medical records indicates that the injured worker is undergoing treatment for loose body in knee and joint pain-lower leg. According to the progress report dated 9-3-2015, the injured worker presented for a post-operative visit for his left knee. He was three months post-operative. He rated his pain 8 out of 10. Weight bearing status was partial. He was using a straight cane. Per the treating physician (9-3-2015), the injured worker has not returned to work. The physical exam (9-3-2015) revealed "tender ITB, suprapatellar pouch and positive arthrofibrosis". Treatment has included left knee arthroscopic extensive lysis of adhesions, extensive debridement and manipulation under anesthesia on 6-5-2015 and medications. Current medications included Ibuprofen and Percocet. The original Utilization Review (UR) (9-11-2015) denied a request for physical therapy twice a week for six weeks 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 2 times a week for 6 weeks 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 loose body in knee and joint pain in the lower leg. The current request is for physical therapy 2 times a week for 6 weeks for the left knee. The treating physician states, in a report dated 06/29/15, "PT Treat, Frequency: 2 times per week, Duration 6 weeks, Number of visits: 12." (9C) The patient is status post left knee arthroscopy with lysis of adhesions, with surgery performed on 06/05/15. (6B) The PSTG guidelines state, "24 visits over 10 weeks within 4 months." In this case, the treating physician, based on the records available for review, states "Due to the patient's significant weakness, limited range of motion, and pain, we strongly recommend that he return to physical therapy and continue his home exercise program." However, a UR review dated 09/11/15 indicates that the patient has had 24 authorized postoperative physical therapy visits. (4A) The medical necessity for PT in excess of guideline recommendations has not been demonstrated. The current request is not medically necessary.