

Case Number:	CM15-0187539		
Date Assigned:	09/29/2015	Date of Injury:	08/23/2013
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
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:

The injured worker is a 49 year old male, who sustained an industrial injury on August 23, 2013. He reported right knee pain with giving way, locking, clicking and swelling. The injured worker was currently diagnosed as having medial meniscal tear and chondromalacia patella. Treatment to date has included physical therapy, shockwave treatment, diagnostic studies, home exercises and surgery. On August 29, 2015, the injured worker complained of constant, sharp right knee pain rated as a 6 on a 1-10 pain scale. He also reported weakness, locking of the knee and that his knee "gives away." Physical examination revealed tenderness to palpation and swelling. Some of the handwritten objective findings were illegible. The treatment plan included continuation of physical therapy two times a week for four weeks post-operatively to the right knee. On August 26, 2015, utilization review denied a request for physical therapy two times a week for four weeks to the right 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 4 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 patient presents with right knee pain. The current request is for Physical Therapy 2 times a week for 4 weeks for the right knee. The treating physician's report dated 08/19/2015 (19B) states, "cont PT 2x4 post op to right knee." The patient is status post right knee surgery from 05/14/2015 (71B). The MTUS Post-Surgical Guidelines page 24 and 25 on Chondromalacia of patella recommends 12 visits over 12 weeks. Physical therapy reports were not made available for review. However, the utilization review dated 08/26/2015 (1A) notes that the patient was certified 12 post-op physical therapy. There is no documentation of an acute flare-up of symptoms or re-injury. In this case, the requested 8 additional sessions would exceed the MTUS Guidelines. The patient should now be able to transition into a home-based exercise program to improve strength and flexibility. The current request is not medically necessary.