

Case Number:	CM15-0189492		
Date Assigned:	10/01/2015	Date of Injury:	08/01/2013
Decision Date:	11/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 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 48 year old male, who sustained an industrial-work injury on 8-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for right knee medial meniscus tear and status post right knee arthroscopy. Magnetic resonance imaging (MRI) of the right knee dated 11-25-14 reveals degeneration of the posterior horn with mild meniscal extrusion and chondromalacia. Medical records dated (7-13-15 to 8-17-15) indicate that the injured worker is status post right knee arthroscopy on 2-6-15 and did at least 8 sessions of post-operative physical therapy with improvement in range of motion, strength and decreased pain. However, during the course of the rehab he developed pneumonia and was admitted to the hospital for 22 days and the authorized physical, therapy sessions expired. The physician indicates that he continues to have deficits in range of motion as well as pain and discomfort in the right knee. Per the treating physician report dated 8-17-15 the injured worker has returned to work. The physical exam dated 8-17-15 reveals right knee has well healed arthroscopic portals, range of motion is 0-110 degrees, strength is 4 out of 5 with stable Lachman and anterior drawer and stable varus and valgus testing. The physician indicates that he recommends therapy so that the injured worker does not regress and it will allow him to stay on regular work duties. Treatment to date has included pain medication, right knee arthroscopy 2-6-15, physical therapy at least 8 sessions, and other modalities. The request for authorization date was 8-24-15 and requested service included 12 sessions of physical therapy to the right knee. The original Utilization review dated 8-27-15 non-certified the request for 12 sessions of physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.