

Case Number:	CM15-0190809		
Date Assigned:	10/02/2015	Date of Injury:	05/07/2013
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 64 year old female, who sustained an industrial-work injury on 5-7-13. A review of the medical records indicates that the injured worker is undergoing treatment for derangement of the posterior horn of the left medial meniscus and other post procedural status left knee. Medical records dated (5-5-15 to 7-30-15) indicate that the injured worker is status post left knee arthroscopy and medial meniscectomy. She has been attending physical therapy and is requesting more therapy as she would like to return to work. The physician indicates that she has made good progress with therapy. Per the treating physician report dated 7-30-15 work status is modified with no lifting over 20 pounds. The physical exam dated 7-30-15 reveals left knee range of motion is 0-130 degrees, quadriceps muscle tone was down less than 10 percent, a minimal knee effusion is present, there is no significant tenderness to palpation and there is no instability of the knee. Treatment to date has included pain medication, diagnostics, left knee arthroscopy 4-29-15, physical therapy at least 12 sessions, work modifications and other modalities. The requested service included Additional physical therapy to the left knee 2 times a week for 6 weeks. The original Utilization review dated 9-2-15 non-certified the request for Additional physical therapy to the left knee 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the left knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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.