MAXIMUS Federal Services

Case Number:	CM15-0191603		
Date Assigned:	10/05/2015	Date of Injury:	07/24/2008
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial-work injury on 7-24-08. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee chronic patellofemoral pain and right knee meniscal tear status post debridement 7-25-14. Treatment to date has included pain medication, surgery, and physical therapy at least 5 sessions out of 12 for bilateral knees, cane, off work and other modalities. Medical records dated (6-2-15 to 8-18-15) indicate that the injured worker complains of persistent bilateral knee pain rated 7-8 out of 10 on the pain scale and decreases to 3-4 out of 10 with medications. This has been unchanged. The medical record dated 8-18-15 the physician indicates that he ambulates with a cane and the pain is made better with rest, medication and therapy. The physician indicates that he is doing post-operative therapy for the right knee and has completed 5 out of 12 sessions with slight increased range of motion and decreased pain. However, he still has a lot of work to do to regain full function. The pain is made worse with weather changes and activities. Per the treating physician report dated 8-18-15 the injured worker has not returned to work. The physical exam dated 8-18-15 reveals that the right knee range of motion with flexion is 120 degrees and extension is at 10 degrees and there is tenderness over the medial and lateral joint lines. The left knee exam reveals decreased range of motion with flexion to 130 degrees and extension 0 degrees. There is tenderness to the medial and lateral joint lines and there is decreased strength at 4+ with flexion and extension. The physician indicates that he would like to request a second set of post-operative physical therapy sessions to the bilateral knees to increase function and decrease pain. The request for authorization date was 8-26-15 and

requested service; services included additional post-operative physical therapy to bilateral knees, qty 12.00. The original Utilization review dated 9-10-15 non-certified the request for Additional Post-operative physical therapy to bilateral knees, qty 12.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post operative physical therapy to bilateral knees, qty 12.00: 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: According to the guidelines, menisectomies and debridement's of the knee allow for 12 visits of therapy over 12 weeks. In this case, the claimant had knee surgery 3 months ago. The claimant had 12 sessions of therapy and completed 5. The response to the final 7 sessions of therapy is unknown to justify another 12 sessions. As a result, the request for 12 additional physical therapy sessions is not medically necessary.