

Case Number:	CM15-0192747		
Date Assigned:	10/06/2015	Date of Injury:	01/29/2015
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a work related injury on 1-29-15. A review of the medical records shows he is being treated for right shoulder and left knee pain. Treatments have included a cortisone injection in left knee-no relief, 12 physical therapy sessions-"helped a lot", and left knee surgery on 6-19-15. In the Primary Treating Physician's Initial Orthopedic Evaluation, the injured worker reports constant, sharp, throbbing and burning left knee pain. He reports the pain radiates to left leg. States the pain is associated with weakness, numbness, giving way, locking, grinding and swelling. He rates the pain level a 5 out of 10 at rest and an 8 out of 10 with activities. In the objective findings dated 8-4-15, he has tenderness and swelling over the medial joint line. There is crepitation noted. Manual muscle testing shows 4 out of 5 strength with flexion and extension. Range of motion is restricted due to pain but flexion is at 100 degrees and extension is at 0 degrees. He is not working. The treatment plan includes requests for x-rays of left knee and for physical therapy for left knee. In the Utilization Review dated 9-1-15, the requested treatment of physical therapy 3 times a week for 4 weeks to left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times weekly for 4 weeks, left knee, per 8/4/15 order qty 12.00:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The injured worker had a left knee meniscectomy in June, 2015. The post surgical period is 6 months, and the post-surgical physical therapy recommendations are 12 visits over 12 weeks. The injured worker has already had 12 sessions of pre-operative physical therapy with stated benefit. The injured worker remains in the post-surgical period and has not attended any post-surgical physical therapy, therefore, the request for physical therapy 3 times weekly for 4 weeks, left knee, per 8/4/15 order qty 12.00 is medically necessary.