

Case Number:	CM15-0197233		
Date Assigned:	10/16/2015	Date of Injury:	12/11/2012
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial injury on 12-11-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right medial collateral ligament injury and right knee degenerative joint disease. He is status post arthroscopic right medial knee hardware removal of a screw on 1/14/15; 7/23/14 right knee manipulation under anesthesia; 3/31/14 right anterior cruciate and medial collateral ligament reconstruction. Medical records (04-27-2015 to 08-19-2015) indicate ongoing right knee pain. Pain levels were decreased from 6-8 out of 10 in severity on a visual analog scale (VAS) to 3-4 out of 10 with medications. Records did not directly address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-19-2015, revealed an antalgic gait with knee brace and use of cane, a slight loss of range of motion (ROM) in the right knee, and some continued atrophy. Relevant treatments have included: at least 12 sessions of physical therapy (PT) with improving right knee pain but continued loss of ROM, work restrictions, and pain medications. The request for authorization (09-03-2015) shows that the following therapy was requested: 12 sessions of PT for the right knee (2x6). The original utilization review (09-23-2015) non-certified the request for 12 sessions of PT for 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 to the right knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Physical therapy to the right knee 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. The patient should be well versed in a home exercise program. Without documentation of objective functional improvement from prior PT additional PT cannot be supported. Furthermore, the request for 12 more session of PT exceeds the MTUS recommended number of visits for this condition therefore this request is not medically necessary.