

Case Number:	CM15-0199101		
Date Assigned:	10/19/2015	Date of Injury:	02/08/2013
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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 63 year old female injured worker suffered an industrial injury on 2-8-2013. The diagnoses included right knee and ankle pain. On 8-17-2015 the physical therapist reported the pain had improved with therapy but still had pain all day. She does home exercise program, was able to walk 15 minutes, and then stopped because of pain. On 9-10-2015 the treating provider reported intractable knee pain post-operatively for right knee arthroscopy with medial and lateral meniscectomy and arthroscopic lateral release 6-2-2015. She continued to use pain medications, activity modification, and post-operative physical therapy. Current medications were Terocin, Vicodin and Naproxen. The medical record did not include evidence of indication for additional 6 sessions of physical therapy with goals of treatment. Prior treatment included 12 sessions of physical therapy. The Utilization Review on 9-11-2015 determined non-certification for 6 physical therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits for the right knee: Upheld

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

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

Decision rationale: 6 physical therapy visits for the right knee is not medically necessary per the MTUS Post Surgical Guidelines. The MTUS recommends up to 12 postoperative therapy visits for this patient's condition. The documentation indicates that the patient has had 12 sessions of postoperative PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.