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| Case Number: | CM15-0200794 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 34 year old female, who sustained an industrial injury on 3-7-2014. The medical records indicate that the injured worker is undergoing treatment for status post right knee arthroscopy (9-1-2015). According to the progress report dated 9-18-2015, the injured worker presented for follow-up regarding right knee injury. The physical examination of the right knee reveals diffuse tenderness about the knee joint, swelling with no effusion, mild laxity, and range of motion from 15 degrees extension and 60 degrees of flexion. Previous diagnostic studies include MRI scan. Treatments to date include medication management, physical therapy (approved for 6 sessions), knee brace, and surgical intervention. Work status is described as temporary disability. The original utilization review (9-29-2015) had non-certified a request for 8 additional post-operative physical therapy sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy Right Knee # 8: 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: Post Operative Physical Therapy Right Knee # 8 is not medically necessary per the MTUS Guidelines as written. The MTUS recommends up to 12 visits for this condition with a transition to an independent home exercise program. The documentation indicates that the patient was authorized 6 PT sessions. There are no extenuating factors that necessitate 8 more supervised therapy sessions which would exceed the MTUS recommended number of 12 PT visits for this condition. The request for 8 more PT sessions is therefore not medically necessary.