

Case Number:	CM15-0202426		
Date Assigned:	10/19/2015	Date of Injury:	01/19/2013
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 67 year old female, who sustained an industrial injury on 1-19-13. She reported right knee pain. Many of the medical records are difficult to decipher. The injured worker was diagnosed as having extensive tear of the right knee medial meniscus, right partial anterior cruciate ligament tear, right knee chondromalacia, and right knee osteoarthritis. Treatment to date has included right knee partial meniscectomy on 3-13-15, an unknown number of physical therapy sessions, a home exercise program, Synvisc injections, a Cortisone injection, and medication including Tramadol, Advil, Nabumetone, Cyclobenzaprine, and topical creams. On 9-17-15, the injured worker complained of right knee pain. On 9-9-15 the treating physician requested authorization for additional physical therapy for the right knee x12. On 9-22-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the right knee QTY 12: Overturned

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: MTUS Post Surgical Guidelines recommend up to 24 sessions of post operative physical therapy as reasonable for this individuals post operative treatment as this individual's surgery included a chondroplasty (arthroplasty). There is evidence that 13 sessions were completed prior to this request and due to age and coexisting ACL damage, exceeding the Guideline recommendations by 1 visit is medically reasonable. The request for Additional Physical Therapy for the right knee QTY 12 is consistent with Guidelines and is medically necessary.