

Case Number:	CM15-0202442		
Date Assigned:	10/19/2015	Date of Injury:	03/07/2014
Decision Date:	12/08/2015	UR Denial Date:	09/08/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old, male who sustained a work related injury on 3-7-14. A review of the medical records shows he is being treated for right knee pain. In progress notes dated 6-24-15 and 7-29-15, the injured worker reports aching right knee pain. He rates the pain level a 3-5 out of 10. He reports numbness and tingling in the right knee scar tissue. He reports the "pain is improving." On physical exam dated 7-29-15, he has tenderness at the right knee. He has tenderness at the right knee joint lines. He has some decrease in right knee range of motion. Treatments have included greater than 20 preoperative physical therapy sessions to right knee, right knee surgery on 5-26-15, and medication. Current medications include Naproxen. He is temporarily totally disabled. The treatment plan includes a urine drug screen and right knee physical therapy. The Request for Authorization dated 7-29-15 has requests for postoperative physical therapy and refill of Ibuprofen. In the Utilization Review dated 9-2-15, the requested treatment of postoperative physical therapy 2 x 4 to right 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:

Post operative physical therapy for the right knee 2 times weekly times 4 weeks:

Overtured

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: The patient presents with neck, upper and lower back, and right knee pain. The patient is status post right knee arthroscopy from 05/26/2015 (36B). The current request is for Post-operative physical therapy for the right knee 2 times weekly time 4 weeks. The treating physician's report dated 07/29/2015 (67B) states, "The patient states that he has been undergoing physiotherapy and the improvement was limited." The MTUS post-surgical guidelines page 24 and 25 recommends 24 visits over 10 weeks for arthroplasty. Physical therapy reports were not provided for review. The utilization review dated 09/03/2015 (8A) notes that the patient has completed 12 post-op physical therapy. In this case, the requested 8 additional sessions are within MTUS post-surgical guidelines. The current request is medically necessary.