

Case Number:	CM15-0202655		
Date Assigned:	10/19/2015	Date of Injury:	10/15/2014
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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:

This injured worker is a 59 year old male, who sustained an industrial injury on 10-21-2014. The injured worker was diagnosed as having status post 06-2015 partial medial meniscectomy and left knee pain. On medical records dated 08-20-2015, 09-03-2015 and 09-17-2015, the subjective complaints were noted as left knee pain. Pain was noted as 6-9 out of 10. Objective findings were noted as tenderness to palpation medially and positive swelling. Treatments to date included 12-15 session of physical therapy post op, acupuncture, TENS unit and brace. The injured worker was noted to be work modified duty. Current medications were listed as Naproxen and Omeprazole. The Utilization Review (UR) was dated 09-29-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for physical therapy 2 times a week for 4 weeks for the left knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left 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: Physical therapy 2 times a week for 4 weeks for the left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 12 post op therapy visits for this patient's condition. The documentation indicates that the patient has had extensive PT postoperatively. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.