

Case Number:	CM15-0205128		
Date Assigned:	10/22/2015	Date of Injury:	04/11/2009
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 64 year old male with an industrial injury dated 04-11-2009. A review of the medical records indicates that the injured worker is undergoing treatment for post-operative arthroscopic partial medial meniscectomy, partial lateral meniscectomy, right knee extensive tricompartmental synovectomy and status post chondroplasty of the patella medial femoral condyle and lateral condyle of the right knee. According to the progress note dated 08-03-2015, the injured worker presented for right knee evaluation. The injured worker is status post right knee arthroscopy on 06-03-2015. Documentation noted that the injured worker has been undergoing therapy and has been doing extremely well following therapy. The injured worker complains only of prolonged standing, waking and getting up from sitting position. Objective findings (08-03-2015) revealed well healed surgical scar over the right knee, mild tenderness underneath the patella, full extension to 130 degrees for the right knee, 120 degrees flexion, and patellofemoral crepitus over the right knee. There was no medial or lateral instability over the right knee. Treatment has included diagnostic studies, right knee surgery, at least 18 sessions of physical therapy, prescribed medications, and periodic follow up visits. The utilization review dated 09-18-2015, non-certified the request for additional physical therapy 2xWk x 4Wks for the right knee, QTY: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks for the Right Knee, QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Guidelines, post-operative therapy allows for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's arthroscopy is now past rehab period with at least 18 PT visits completed without documented functional limitations, post-operative complications, or comorbidities to allow for additional physical therapy beyond guidelines criteria. There is reported functional improvement from treatment of authorized PT visits already rendered to transition to an independent home exercise program. The Physical Therapy 2xWk x 4Wks for the Right Knee, QTY: 8 is not medically necessary and appropriate.