

Case Number:	CM15-0206027		
Date Assigned:	10/22/2015	Date of Injury:	02/19/2014
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 38 year old male, who sustained an industrial injury on 02-19-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left knee arthrofibrosis with quadriceps muscle weakness and status post left knee manipulation and arthroscopic debridement. Treatment and diagnostics to date has included left knee surgery, left knee MRI, physical therapy (20 visits completed on 11-18-2014 for the left knee), home exercise program, and medications. Recent medications have included Ibuprofen. Subjective data (08-17-2015 and 09-29-2015), included left knee pain. Objective findings (09-29-2015) included well healed surgical incisional sites with moderate effusion and tenderness over the medial and lateral joint line. The Utilization Review with a decision date of 10-08-2015 non-certified the request for physical therapy 2x6 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with left knee pain. The current request is for physical therapy 2x a week for 6 weeks for the left knee. The treating physician states, in a report dated 09/29/15, "Request authorization for physical therapy to include ultrasound, massage, and therapeutic exercises 3x/week x 4 for the left knee." (12B) The patient is status post arthroscopic debridement with manipulation under anesthesia for the left knee. However, that surgery occurred on 09/11/14, more than six months ago. Therefore, post-surgical guidelines have not been used. MTUS Guidelines recommend 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case, the treating physician, based on the records available for review, states the patient has ongoing pain, stiffness, and clicking to his left knee. However, the request for 12 sessions of PT exceeds the guideline recommendations of 8-10. Therefore, the current request is not medically necessary.