

Case Number:	CM15-0208292		
Date Assigned:	10/27/2015	Date of Injury:	05/29/2014
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 52 year old male, who sustained an industrial injury on 5-29-2014. Medical records indicate the worker is undergoing treatment for status post extensive synovectomy, removal of 3 large bodies from the suprapatellar pouch and partial medial meniscectomy and chondroplasty of the lateral femoral condyle. A recent progress report dated 9-29-2015, reported the injured worker for a follow-up from his knee surgery. Physical examination revealed decreased swelling and almost complete extension. Treatment to date has included 16 sessions of physical therapy and medication management. On 10-5-2015, the Request for Authorization requested continued physical therapy, 2 times a week for 6 weeks (12 sessions) for the right knee. On 10-13-2015, the Utilization Review non-certified the request for Continued physical therapy, 2 times a week for 6 weeks (12 sessions) for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, 2 times a week for 6 weeks (12 sessions) for the right knee:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

Decision based on Non-MTUS Citation Official Disability Guidelines (Knee chapter).

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

Decision rationale: The patient presents with right knee degenerative joint disease and status post right knee surgery with improvements in range of motion, extension (near 95-100 degrees), and reduced swelling. The current request is for continued physical therapy, 2 times a week for 6 weeks (12 sessions) for the right knee. The treating physician report dated September 29, 2015 (13B) states, "Our recommendations are that (a) he is making progress; he should be entitled to another 12 visits to physical therapy and (b) the possibility exists that he may need to have a joint replacement if he does not continue to gain his range of motion." The MTUS Postsurgical Treatment Guidelines recommend treatment of 12 visits over 12 weeks. In this case, based on the UR report completed on 10/13/2015 the patient has already completed 16 post-operative physical therapy sessions. The request for an additional 12 physical therapy session exceeds the MTUS PSTG. The current request is not medically necessary.