

Case Number:	CM15-0023233		
Date Assigned:	02/12/2015	Date of Injury:	08/05/2013
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old, male patient, who sustained an industrial injury on 08/05/2013. An orthopedic follow up dated 12/23/2014 reported the patient complaining of swelling and itching to the left knee. He is currently temporarily totally disabled. The impression noted status post left knee arthroscopy with excision of plica; debridement of frayed anterior horn of the lateral meniscus. A request was made for 12 sessions of physical therapy to left knee. On 01/09/2015, Utilization Review, non-certified the request, noting the CA MTUS Postsurgical Guidelines, Knee and Physical Therapy were cited. On 02/06/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xweek x 4weeks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant has a history of a work injury occurring in August 2013 with treatments including arthroscopic surgery. He continues to be treated for chronic left knee pain. In terms of physical therapy in the treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.