

Case Number:	CM15-0028667		
Date Assigned:	02/20/2015	Date of Injury:	08/24/2012
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 60 year old male, who sustained an industrial injury on August 24, 2012. He has reported lower back pain and right knee pain. Diagnoses have included lumbar discogenic disease and right knee internal derangement. Treatment to date has included medications, physical therapy, right knee surgery in November of 2014 and use of a cane. A progress note dated January 26, 2015 indicates a chief complaint of lower back pain and the knee healing well. The treating physician documented a plan of care that included physiatrist consultation and additional postoperative physical therapy as the injured worker was showing improvement with current treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy 3 x a week x 4 weeks on right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient has completed 12 sessions of physical therapy for the right knee to date. He has not exceeded the maximum allowable number of visits granted by the MTUS Guidelines. I am reversing the previous utilization review decision. Additional postoperative physical therapy 3 x a week x 4 weeks on right knee is medically necessary.