

Case Number:	CM15-0219206		
Date Assigned:	11/12/2015	Date of Injury:	01/10/2015
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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 24 year old female with an industrial injury date of 01-10-2015. Medical record review indicates she is being treated for lateral meniscal cyst right knee and status post right knee arthroscopy. Subjective complaints (10-12-2015) included continued right knee pain and stiffness. Work status (10-02-2015) was documented as desk work only that allowed alternating sitting and standing as needed. "Temporary total disability for 1 month if no modified work available." No lifting more than 10 pounds and no climbing. Prior treatment included 12 post op physical therapy sessions. Medications included Naproxen and Tramadol. Objective findings (10-12-2015) noted the injured worker was walking with a cane. There was tenderness to palpation to the lateral joint space of the right knee. No effusion was noted. Right knee range of motion was documented as positive 12-80. On 10-30-2015 the request for 8 physical therapy visits for the right knee were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the right knee x8: Overturned

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

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

Decision rationale: The patient presents with right knee pain. The current request is for Physical therapy visits for the right knee x 8. The treating physician's report dated 10/12/2015 (18B) states, "Only had 12 post-op PT sessions. Zero further authorization." The 10/01/2015 (23B) physical therapy report notes, "8/8 visits completed with good understanding of HEP, need for cont. strength and endurance training. Will benefit from re-assessment by physician d/t inconsistent progress." The patient is status post right knee arthroscopy from 05/22/2015 (77B). The MTUS Post-Surgical Guidelines page 24 and 25 on Arthroplasty recommends 24 visits over 10 weeks. It appears that the patient has only received 12 post-op physical therapy to-date. In this case, the request 8 sessions are within post-surgical guidelines. The current request is medically necessary.