MAXIMUS Federal Services

Case Number:	CM15-0031978		
Date Assigned:	02/25/2015	Date of Injury:	04/07/2014
Decision Date:	04/17/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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
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 40-year-old male, who sustained an industrial injury on April 7, 2014. He has reported right knee pain. The diagnoses have included cruciate ligament strain/sprain, pain in the lower leg, tear of the lateral meniscus and chondromalacia patella. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, conservative therapies, pain medications and work restrictions. Currently, the IW complains of chronic right knee pain. The injured worker reported an industrial injury in 2014, resulting in chronic right knee pain. He reported a ramp falling while unloading furniture causing him to land on the right leg. He reported pain while jumping on a trampoline prior to the injury however, no work restrictions or modifications were noted. He has been treated conservatively and surgically without resolution of the pain. Evaluation on February 25, 2015, revealed improved pain with therapy however, he reported trying to run with a knee brace on and not being able to do so.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 4 to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: This patient is status post right knee arthroscopy and partial lateral meniscectomy on December 5, 2014 and continues to complain of residual pain. The current request is for additional physical therapy 3 x 4 to the right knee. The MTUS postsurgical treatment guidelines page 24, 25 support 12 visits over 12 weeks following knee meniscectomy. The medical file provided for review includes only 4 physical therapy reports dating from 01/12/2015 through 02/06/2015. Review of the medical records indicates the patient has received physical therapy continually following his left knee surgery. The treating physician states that the patient requires structural physical therapy as he continues with limited range of motion, decreased strength, functional deficits, and pain. The utilization review denied the request stating that the patient has received an undetermined number of postoperative physical therapy sessions without much benefit. In this case, the medical file provided for review only includes 4 physical therapy progress notes. The treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treating physician states that the patient requires "structural physical therapy," but does not discuss why the patient would not be able to participate in a structured home exercise program. This request IS NOT medically necessary.