

Case Number:	CM15-0034073		
Date Assigned:	03/02/2015	Date of Injury:	02/27/2013
Decision Date:	04/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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 41 year old female, who sustained an industrial injury on 2/27/2013. The diagnoses have included knee pain, pain in joint lower leg and pain disorder with both psychological factors and an orthopedic condition. Treatment to date has included physical therapy and medication. According to the Orthopedic Consultation dated 1/29/2015, the injured worker complained of pain in her left knee. It was noted that magnetic resonance imaging (MRI) from July showed chondral fissuring in her left knee. Physical exam revealed effusion left knee and tenderness at the inferior pole. The impression was painful left knee with chondral damage. The physician recommended arthroscopy with chondroplasty and twelve visits of postoperative physical therapy. On 2/20/2015, Utilization Review (UR) modified a request for postoperative physical therapy to the left knee three times a week for six weeks to postoperative physical therapy to the left knee three times a week for four weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, Left Knee, 3 times per week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Knee & Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 58-60.

Decision rationale: Original reviewer modified the physical therapy request from three times a week for six weeks to three times a week for four weeks. 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. Post-operative Physical Therapy, Left Knee, 3 times per week for 6 weeks is medically necessary.