

Case Number:	CM15-0038985		
Date Assigned:	03/09/2015	Date of Injury:	09/14/2012
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 47 year old male who sustained a work related injury September 14, 2012. Past history included right knee arthroscopy and excision of a large bucket handle tear of the lateral meniscus February, 2012, Achilles tendon ACL reconstruction December, 2012, right knee arthroscopy, revision of tibial scar and deeper placement of tibial screw April, 2013, arthroscopically assisted lateral meniscal allograft July, 2013, and right knee arthroscopy with excision of a plica and a partial synovectomy June 26, 2014. According to an established evaluation dated February 2, 2015, the injured workers presented for a two week re-check. He reports a decrease in pain with the use of Medrol dose pack and cortisone injection and a return of a normal sleeping pattern. He wears a knee brace daily. The focused examination of the right lower extremity revealed 1 plus swelling and full range of motion. Diagnosis is documented as arthrofibrosis. Treatment plan included request for physical therapy, medications, and continue with the home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional eight sessions. The guidelines recommend fading of treatment frequency, followed by a home exercise program. There is no indication for this patient to have continued physical therapy sessions at this time. Likewise, this request is not medically necessary.