

Case Number:	CM15-0041133		
Date Assigned:	03/11/2015	Date of Injury:	10/20/2012
Decision Date:	04/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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 44 year old male, who sustained an industrial injury on 10/20/12. The injured worker is a status post RIGHT knee diagnostic arthroscopy microfracture medial femoral condyle, chondroplasty patellofemoral joint on 11/16/2005. Then a LEFT knee diagnostic arthroscopy was performed with partial medial meniscectomy, chondroplasty, microfracture, synovectomy of 8/16/2010. Most complaints are from a recent RIGHT knee surgery on 10/3/14 for a high tibial Osteotomy with medial compartment arthroscopic microfracture, chondroplasty. The injured worker was diagnosed as having cumulative trauma with degenerative joint disease bilateral knees; osteoarthritis bilateral knees. Treatment to date has included chiropractic care; physical therapy (x23 post operative to date); status post right knee arthroscopy with debridement, chondroplasty, tibial plateau microfracture, high tibial Osteotomy with allogenic/synthetic bone grafting (10/3/14); MRI bilateral knees (2/24/14); knee injections (5/7/14). The provider is requesting additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2-3 times a week x 6-8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: The patient presents with pain and weakness in both of his knees. The patient is s/p several surgeries including right knee tibial osteotomy on 10/13/14. The request is for ADDITIONAL PHYSICAL THERAPY 2-3 TIMES A WEEK X 6-8 WEEKS. The current request of additional therapy sessions is within post-operative time frame following the right knee surgery. For post-operative therapy treatments MTUS post-surgical guidelines page 24-25 allow 24 sessions of physical therapy over 10 weeks after following knee arthroplasty, unspecified surgery. In this case, the treater does not explain why additional therapy is needed. The utilization review letter on 02/05/15 indicates that the patient has had at least 23 sessions of therapy as post-op treatment, starting on 11/03/14. None of the reports specifically discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the request does not indicate how many sessions are being requested precisely. The request of physical therapy IS NOT medically necessary.