

Case Number:	CM15-0044290		
Date Assigned:	03/16/2015	Date of Injury:	04/29/2014
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 42 year old female who sustained an industrial injury on 04/29/2014. Current diagnoses include status post right knee arthroscopy on 10/01/2014, internal derangement of the right knee, lateral epicondylitis and extensive tendonitis of the left elbow, rule out peripheral nerve compression and carpal tunnel syndrome, chronic pain with hypertension, and status post bilateral bunion operation. Previous treatments included medication management, right knee arthroscopy, bilateral bunion surgery, and physical therapy. Report dated 02/04/2015 noted that the injured worker presented with complaints that included intermittent left elbow pain with associated numbness and weakness and tingling, and intermittent right knee pain with stiffness. Pain level was rated as 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continuation of physical therapy for the right knee to improve strength and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker is status post arthroscopy of the right knee for meniscectomy, synovectomy and removal of loose bodies. Following 6 weeks of physical therapy there is a report of persistent impairments of range of motion and strength with some progress from baseline. Request is subsequently made for an additional 12 weeks of physical therapy. For the diagnosis of meniscal tear, MTUS postsurgical guidelines recommends 12 visits over 12 weeks of physical therapy for a period of 6 months. Based on the available medical records, the injured worker has received 6 weeks of physical therapy. An additional 12 weeks exceeds cited MTUS guidelines and is therefore not medically necessary.