

Case Number:	CM15-0051525		
Date Assigned:	03/25/2015	Date of Injury:	06/16/2014
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 42 year old male, who sustained an industrial injury on 6/16/14. He reported pain in the right knee. The injured worker was diagnosed as having right knee derangement with partial thickness medial meniscal tear and bone bruise. Treatment to date has included physical therapy and pain medications. As of the PR2 dated 2/5/15, the injured worker reports pain in the right knee. The treating physician noted tenderness to palpation over the medial and lateral joint line. The treating physician indicated that corticosteroid injections or surgery would be considered. The medications listed are Mobic and Tylenol #3 for pain. On 3/12/2013, the treating orthopedic surgeon noted that there was no current recommending for a right knee surgery. The treating physician requested post-operative physical therapy 1 x weekly for 12 weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy for the Right Knee, 1 time a week for 12 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for post operative management following knee surgery. The utilization of PT can result in decreased swelling, reduction in pain and increase in range of motion. The recent Clinic notes indicate that no right knee surgery is currently planned. The records indicate that the patient had completed supervised PT program. The guidelines recommend home exercise program after completion of supervised PT. The criteria for Post Operative Physical Therapy to the right knee once a week for 12 weeks was not met. Therefore, the request is not medically necessary.