

Case Number:	CM15-0053602		
Date Assigned:	03/27/2015	Date of Injury:	03/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male, who sustained an industrial injury on 3/9/12. He reported initial complaints of left knee pain. The injured worker was diagnosed as having meniscal tear, varus thrust; derangement of meniscus not elsewhere classified; pain involving lower leg. Treatment to date has included status post left knee partial menisectomy (January 2013); status post left arthroscopic left high tibial osteotomy, medial menisectomy (7/25/14); x-ray (1/15/15); post-operative physical therapy (28 sessions); pool therapy; knee brace. Currently, the PR-2 notes dated 1/15/15, the injured worker complains of ongoing intermittent symptomology of postoperative left knee arthroscopic left high tibial osteotomy, medial menisectomy completed on 7/25/14. The notes demonstrate post-operative complications that delayed healing progression. The provider is requesting additional physical therapy left knee x16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x8 total of 16 sessions to the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), Physical Therapy (2) Preface, Physical Therapy.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for left knee pain. He has undergone multiple surgeries with the last surgery done in July 2014 where an arthroscopic meniscectomy was done as well as a high tibial osteotomy was done for medial compartment osteoarthritis. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks. In this case, the claimant has already received physical therapy well in excess of that recommended. The additional number of sessions being requested do not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the request is not medically necessary.