MAXIMUS Federal Services

Case Number:	CM15-0056404		
Date Assigned:	04/01/2015	Date of Injury:	09/16/2013
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
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 32 year old male who sustained an industrial injury on September 16, 2013. He has reported injury of the knee and has been diagnosed with right knee medial meniscus tear, tear lateral meniscus knee, current, and synovitis and tenosynovitis unspecified. Treatment has included surgery, physical therapy, cortisone injection, and medications. Currently the injured worker had mild tenderness about the medial and lateral patella facet. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #3 right knee 3x4 (12 total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official "Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with injury of the knee. The current request is for Physical Therapy #3 right knee 3x4 (12 total). The treating physician states, in a report dated 02/05/15, "[The patient] will initiate a renewal of physical therapy modalities and quad strengthening exercises." (73C) The MTUS guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case, the treating physician has prescribed treatment in excess of MTUS guidelines. Additionally, the patient has already undergone 24 sessions of post-operative PT. The current request is not medically necessary and the recommendation is for denial.