

Case Number:	CM15-0061867		
Date Assigned:	04/07/2015	Date of Injury:	05/22/2014
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/01/2015

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 patient who sustained an industrial injury on 05/22/2014. Prior treatment to include physical therapy, and left knee arthroscopy 10/22/2014. A primary treating office visit dated 10/29/2014 reported the patient being status post left arthroscopy and doing well. He is diagnosed with internal derangement/degenerative joint disease of the left knee; right knee patellar chondromalacia secondary to altered gait mechanics; parasthesias of the left lower extremity, rule out occult lumbar radiculopathy, and status post left knee arthroscopy on 10/21/2014. The plan of care involved soft tissue modalities, exercise, and activity participation, use of medications and continued medical treatment. He will follow up in 3 weeks. The patient is temporarily totally disabled for 6 weeks. A primary treating office visit dated 01/12/2015 reported the patient continues with post-operative therapy and exercise. No change in diagnoses. The patient is temporarily totally disabled for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is nearly one year status post work-related injury and underwent arthroscopic surgery for a meniscus repair on October 2014. As of 12/17/14 he had attended 12 post-op treatment sessions. When seen, there was decreased range of motion and strength and an antalgic gait. Post surgical treatment after knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case, the claimant has already attended the recommended number of treatments. The requested additional treatment sessions are not medically necessary.