

Case Number:	CM15-0083036		
Date Assigned:	05/05/2015	Date of Injury:	02/26/2010
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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: Family Practice

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 66 year old male, who sustained an industrial injury on 02/26/2010. He reported injury to his left knee. Treatment to date has included knee surgery, physical therapy and medications. According to a progress report dated 04/07/2015, the injured complained of weakness and instability of the left knee. Objective findings included good range of motion, no effusion, tenderness and slight varus/valgus laxity of the left knee. Diagnoses included unspecified internal derangement of knee. Treatment plan included a brief course of physical therapy for the left knee/quad strengthening program. Currently under review is the request for physical therapy 1 time a week for 6 weeks for the left knee. The injured worker is status post left total knee replacement on 10/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks, left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Internet, Preface.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is status post left total knee replacement on 10/9/13 and the request for a brief course of physical therapy for the left knee/quad strengthening program is supported. The request for Physical therapy 1 time a week for 6 weeks, left knee is medically necessary and appropriate.