

Case Number:	CM15-0084158		
Date Assigned:	05/06/2015	Date of Injury:	11/12/2014
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: California

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 48 year old male, who sustained an industrial injury on November 12, 2014, incurring right knee injuries and slipping. He complained of pain at work when kneeling, bending, stopping and descending stairs. He was diagnosed with a right knee strain. Treatment included anti-inflammatory drugs, pain medications, and knee brace and modified work duties. Currently, in 2015, the injured worker complained of persistent right knee pain. Magnetic Resonance Imaging revealed a medial meniscus posterior horn tear. The treatment plan that was requested for authorization included physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6Wks body part right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99; Post-surgical Therapy for Knee, pages 14-15; Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis

(ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks
Postsurgical physical medicine treatment period: 4 months.

Decision rationale: The patient is s/p right arthroscopic knee surgery on 2/18/15. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic surgery over a postsurgical physical medicine treatment period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is without documented functional improvement from the PT visits rendered with the patient remaining TTD. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient should have been instructed in an independent HEP. Submitted reports have not demonstrated clear specific indication and necessity to support for a continued conjunctive formal PT program. There is reported functional improvement from treatment from authorized PT visits already rendered. The Physical therapy 2x6Wks body part right knee is not medically necessary and appropriate.