

Case Number:	CM15-0086116		
Date Assigned:	05/08/2015	Date of Injury:	04/13/1999
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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 75-year-old female, who sustained an industrial injury on 4/13/1999. She reported right knee pain. The injured worker was diagnosed as having internal derangement of knee, lumbar discopathy, status post right knee arthroscopy. Treatment to date has included medications, laboratory evaluations, and surgery. The request is for post-operative physical therapy of the right knee. On 12/3/2015, she complained of persistent right knee pain that was interrupting her sleep pattern. The record indicates she had received several intra-articular injections. She rated her pain as 7/10. The treatment plan included surgery. On 2/23/2015, she is seen for pre-operative consultation for her right knee. On 3/2/2015, complained of constant right knee pain. She rated her pain as 8/10. The treatment plan included medications and surgery. On 3/16/2015, she is seen for pre-operative consultation of her right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella
(ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Post-surgical Therapy for Knee, pages 14-15;
Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks.

Decision rationale: The patient is s/p knee surgery with meniscal/ACL repair on 3/27/15 along with certified 12 post-op PT visits. Most recently, 3 synvisc injections were certified on 4/15/15. There was no post-operative complications or comorbidities noted to allow for additional physical therapy beyond guidelines recommendations. The patient should have been instructed and is should be performing 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 of 18 authorized PT visits already rendered. The Post-op physical therapy right knee is not medically necessary and appropriate.