

Case Number:	CM15-0088044		
Date Assigned:	05/12/2015	Date of Injury:	06/07/2014
Decision Date:	06/23/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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 53 year old female injured worker suffered an industrial injury on 06/07/2014. The diagnoses included right shoulder impingement syndrome, right knee pain, cervical spine pain and lumbar radiculopathy. The diagnostics included right knee magnetic resonance imaging and functional capacity evaluation 2/2/2015. The injured worker had been treated with knee injections and medications. On 2/17/2015, the treating provider reported continued cervical spine pain, right shoulder pain and left shoulder overcompensation pain. On exam, the cervical spine had tenderness and spasms. The lumbar spine was tender. The right knee had moderate effusion with tenderness. The treatment plan included Post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 12 visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for right knee pain. X-rays had shown osteoarthritis with a negative MRI. Treatments included physical therapy, medications, and injections. When seen, there was a moderate diffusion and joint line tenderness. Arthroscopic surgery was recommended for diagnosis and possible synovectomy and chondroplasty. Authorization for a minimum of 12 sessions of postoperative physical therapy was requested. If a synovectomy and chondroplasty was performed, up to 12 treatment sessions could be considered. However, in terms of this request, the arthroscopy has not been performed. The claimant has a normal MRI scan. It is not possible to determine what, if any, postoperative physical therapy treatment sessions would be indicated. The request is not considered medically necessary.