

Case Number:	CM15-0007056		
Date Assigned:	01/26/2015	Date of Injury:	02/25/2005
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, 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:

This 59 year old male sustained a work related injury on 02/25/2014. According to a progress report dated 11/14/2014, the injured worker complained of pain in his left shoulder, lower back and right knee. Nothing was really helping him. Diagnoses included lumbar herniated disc, left shoulder impingement with AC arthrosis; partial rotator cuff tear and right knee medial meniscal tear. According to the provider, the injured worker had failed conservative care, included rest, medications and physical therapy. He had a positive medial McMurray's test with pain on range of motion and a positive MRI. The provider noted that he would benefit from right knee arthroscopy and would require physical therapy two times per week for a period of six weeks. A handwritten progress note dated 12/12/2014 that was submitted for review was partially illegible. The injured worker complained of bilateral shoulder pain and bilateral arm pain. He also complained of increasing pain, trouble walking and right knee pain. Plan of care included physical therapy 12 visits for the left shoulder, right knee arthroscopy and postoperative physical therapy 12 visits for range of motion and strengthening after surgery. On 12/22/2014, Utilization Review, non-certified 12 postoperative physical therapy for the right knee 2 times a week for 6 weeks. Guidelines cited included CA MTUS ACOEM; [https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee Disorders](https://www.acoempracguides.org/Knee;Table%202,%20Summary%20of%20Recommendations,%20Knee%20Disorders).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post operative Physical Therapy for the right knee 2 times a week for 6 weeks, scheduled for Right Knee Arthroscopy (operative date unspecified) as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee pain and therapy

Decision rationale: According to the ACOEM guidelines, physical therapy should be provided in a fading frequency and to be initially used for 1-2 visits for home evaluation and education. The ODG guidelines allow for up to 12 visits post operatively. In this case, the claimant has not undergone the knee surgery. The claimant had prior therapy. There is no indication that the claimant cannot perform therapy at home after the surgery. In addition, the need and amount of therapy cannot be determined in advance of surgery for 12 sessions. The above request is not medically necessary.