

Case Number:	CM15-0015910		
Date Assigned:	02/03/2015	Date of Injury:	02/11/2014
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 58 year old male who sustained an industrial injury to the left knee when he slipped on February 11, 2014. The injured worker underwent arthroscopy with partial medial meniscectomy and debridement on November 21, 2014 followed by physical therapy. The injured worker was diagnosed with chondromalacia, medial compartment arthritis and synovitis. Documentation noted a remote history of left knee arthroscopy about 10 years previously. According to the primary treating physician's progress report on January 13, 2015 the injured worker was noted to have overall improvement with trace effusion well healed portals. The injured worker was able to do half squats without difficulty. There was minimal information in the clinic note provided. Current medications were not documented. Treatment modalities consist of conservative measures, post-operative physical therapy sessions, anti-inflammatory and pain medication, home stretching and strengthening exercises. The treating physician requested authorization for Post-op Physical therapy twice a week for 6 weeks, left knee. On January 20, 2015 the Utilization Review denied certification for Post-op Physical therapy twice a week for 6 weeks, left knee. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Guidelines and the Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op 2 x 6 left 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), Postsurgical Treatment Guidelines, Knee

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47, 96-99. Decision based on Non-MTUS Citation Pain Chapter Physical Therapy Knee

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the management of knee pain during the post operative period. Post operative physical therapy can result in reduction in pain, decrease in swelling and increase in range of motion of the joint. The records indicate that the patient completed the guidelines recommended 12 PT sessions following the knee surgery. There is documentation of reduction in pain and functional restoration after completion of PT. It was recommended that the patient should proceed with home exercise program. There was no documentation of subjective or objective findings that required additional PT sessions to resolve. The criteria for post operative 2 X 6 PT to left knee was not met.