

Case Number:	CM15-0113103		
Date Assigned:	06/19/2015	Date of Injury:	10/22/2012
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on 10/22/2012 when he reported injuring his right knee. The injured worker is currently able to return to work with modifications and if no modifications are available, then he is to remain off work. The injured worker is currently diagnosed as having status post right knee arthroscopy and right knee arthritis. Treatment and diagnostics to date has included right knee MRI which identified complex abnormality within the anterior horn and body of the lateral meniscus consistent with postoperative changes, chondral thinning, bulking without gross tear of the anterior cruciate ligament, lateral thickening of the lateral flexor retinaculum, and small to moderate joint effusion, right knee surgery, physical therapy, and medications. In a progress note dated 05/15/2015, the injured worker presented for an orthopedic follow up for his right knee. Objective findings include pain with McMurray testing to right knee medially. The treating physician reported requesting authorization for physical therapy for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Utilization review modified the request for 8 visits to physical therapy post-operatively to 6 visits of physical therapy, which is reasonable based on the guidelines. Re-evaluation and documentation of evidence of functional improvement may warrant further treatment. The patient has already completed 36 sessions of physical therapy for the postoperative knee, and therapy for the left (non-operative) knee is reasonable, with a plan for early evaluation for evidence of improvement. As utilization review found no substantiation for 8 visits for the bilateral knees, and no further documents have been provided to substantiate greater than the 6 visits per modified request, the request for 8 visits is not medically necessary in this case.