

Case Number:	CM15-0115471		
Date Assigned:	06/23/2015	Date of Injury:	06/24/2014
Decision Date:	07/31/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on 6/24/2014. The medical records submitted for this review did not include the initial injury or the prior treatments to date. Diagnoses include lumbosacral strain with stenosis, loss of bladder function due to lumbar injury. He underwent right knee arthroscopy on 3/17/15. Currently, he complained of low back and right knee pain. He had been scheduled for right knee surgery for 12/4/14, and it had been rescheduled for 3/19/15. On 1/14/15, the physical examination documented a positive straight leg raise test bilaterally. The plan of care included requesting authorization for the knee arthroscopy since the prior authorization had expired due to the rescheduling of the surgery. The appeal request was to review physical therapy sessions twice a week for six weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee posterior medial meniscal tear; lumbosacral strain with moderate bilateral neural foraminal stenosis at L2 - L3 and L3 - L4 and L4 - L5; and loss of bladder control lumbar injury. The date of injury is June 24, 2014. The request for authorization is May 7, 2015. The most recent progress note in the medical record is January 14, 2015. The treatment plan states the injured worker will be scheduled for surgery of the right knee on March 19, 2015. The utilization review states the injured worker received 18 postoperative physical therapy sessions to the right knee. There is no contemporaneous clinical documentation on or about the date of request for authorization to support additional physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical facts indicating additional physical therapy is warranted and a contemporary progress note on or about the date of request for authorization, physical therapy two times per week times six weeks to the right knee is not medically necessary.