

Case Number:	CM15-0116708		
Date Assigned:	06/24/2015	Date of Injury:	03/13/2002
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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 injured worker is a 57 year old male, who sustained an industrial injury on March 13, 2002. The injured worker was diagnosed as having left knee flexion contracture, status post left total knee arthroplasty and right knee osteoarthritis. Treatment to date has included oral medication, injections, physical therapy and knee replacement. A progress note dated May 28, 2015 provides the injured worker complains of flare up of bilateral knee pain with numbness and tingling. He reports left knee swelling, catching, locking and right knee giving way. Physical exam notes right knee tenderness, crepitus, positive McMurray's test and compression/rotation test is positive for meniscal tear. X-rays were reviewed. The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (left knee) 3x4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The claimant sustained a work-related injury in March 2002 and continues to be treated for bilateral knee pain. He underwent a left total knee replacement on 02/25/15 and had previously undergone right knee arthroscopic surgery. When seen, he was having acute knee pain since mid-March 2015. There was lower extremity numbness and tingling. There was medial joint line tenderness and positive McMurray testing on the right side. There was decreased left knee range of motion from 10 to 100 degrees. His BMI was over 30. Physical therapy was requested for range of motion. Case notes reference 12 physical therapy sessions since surgery. Guidelines recommend up to 24 visits over 10 weeks after a total knee replacement. In this case, the number of visits being requested is within that recommendation. The claimant has significantly decreased left knee range of motion and is at risk for a poor outcome from the surgery performed in February. The request is considered medically necessary.