

Case Number:	CM15-0116794		
Date Assigned:	06/25/2015	Date of Injury:	08/09/2014
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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 30 year old male who sustained an industrial injury on 8/9/14. Diagnoses include left knee sprain/strain, chondromalacia of the knee, and status post arthroscopy of the left knee. In a progress report dated 3/30/15, the physician notes knee arthroscopy was done on 3/20/15. The injured worker complains of pain and swelling of the left knee. An exam notes tenderness and healing wounds of the left knee. Sutures were removed. The plan is for physical therapy 3 times a week for 4 weeks for the left knee. In a progress report dated 5/6/15, the physician notes he has ongoing knee pain. Tenderness is noted on exam. The treatment plan is to continue medications and post-operative physical therapy. Work status is to remain off of work until 6/10/15. Previous treatment includes physical therapy, anti-inflammatory medication, corticosteroids, and support brace. The requested treatment is physical therapy to the left knee, 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 and underwent a left knee partial meniscectomy on March 2015 with 18 sessions of post-operative physical therapy. Therapy notes document instruction in a home exercise program. When seen, he was having ongoing knee pain. There was tenderness. An additional 12 physical therapy sessions were requested. Post surgical treatment after knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended including instruction in a home exercise program. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.