

Case Number:	CM15-0116863		
Date Assigned:	06/25/2015	Date of Injury:	08/25/2012
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
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 29-year-old female, who sustained an industrial injury on 8/25/12. The Agreed Medical Evaluator (AME) dated 6/9/15 noted that the injured worker has complaints of intermittent slight to moderate left knee pain with instability. The documentation noted on examination the injured worker experienced exquisite tenderness over the medial joint line and two arthroscopic incisions. The diagnoses have included pain in joint lower leg, plica syndrome, and sprain and strain of unspecified site of knee and leg and plica syndrome, left knee, status post unspecified arthroscopic surgery. Treatment to date has included magnetic resonance imaging (MRI) on 4/1/14 revealed anterior cruciate ligament sprain without full-thickness tear, possible ganglion cyst, medial synovial plica and joint effusion; cortisone injection; left knee arthroscopy on 2/13/15; physical therapy; corporeal shock wave treatment; motrin and left knee X-ray revealed no fractures, subluxations or degenerative changes. The request was for physical therapy two times a week for three weeks for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x3 LT Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 34. 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 2012 and underwent left knee arthroscopy in February 2015 including partial meniscectomies. When seen, she had completed 12 post-operative physical therapy treatments with minimal improvement. There was left knee medial joint line tenderness with normal range of motion and strength. An additional 6 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 consistent with that recommended but with minimal benefit. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. Additionally, there is normal strength and range of motion and therefore no impairment other than due to pain. The request is not medically necessary.