

Case Number:	CM15-0116911		
Date Assigned:	06/25/2015	Date of Injury:	07/22/2004
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
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 53 year old female, who sustained an industrial injury on 7/22/04. The injured worker has complaints of left knee pain. The documentation noted on 2/16/15 the she has increased lower extremity strength wit treatment. The documentation noted on 4/27/15 that the injured worker was overall 60 percent better. The diagnoses have included chondromalacia; meniscal tear medial and status post previous left knee anterior cruciate ligament reconstruction with torn anterior cruciate ligament graft and tibial tunnel osteolysis. Treatment to date has included left knee arthroscopy on 12/5/14; physical therapy and home exercise program. The request was for continued physical therapy left knee two 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:

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg.

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 has a remote history of a work-related injury and underwent left knee arthroscopic surgery in December 2014 including partial meniscectomies. She has 12 sessions of post-operative physical therapy. When seen, there had been excellent progress after a Synvisc injection. There as normal range of motion and strength. There was joint line tenderness. An additional 12 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.