

Case Number:	CM15-0119425		
Date Assigned:	06/29/2015	Date of Injury:	11/05/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/20/2015

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 39 year old male, who sustained an industrial injury on 11/5/14. The injured worker has complaints of right knee pain. The documentation noted that the right knee shows no erythema, ecchymosis or significant lower extremity edema but does show an effusion. The diagnoses have included knee medial meniscus tear. Treatment to date has included magnetic resonance imaging (MRI) of the knee showed a meniscus tear; right knee X-ray showed no acute bony or soft tissue abnormalities; ultracet; advil; right knee surgery 3/18/15; right knee scope and physical therapy. The request was for additional post-operative physical therapy for the right knee 3x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the right knee 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS 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 injury in November 2014 and underwent right knee arthroscopic surgery for a meniscal repair on 03/18/15. He had physical therapy prior to surgery and completed 12 postoperative physical therapy treatments as of 05/07/15. When seen, he had worsening pain after completion of formal physical therapy treatments. He felt that the surgery had not helped. Physical examination findings included an antalgic gait there was medial joint line tenderness with normal strength. Patellar compression testing was negative. There was a positive Bounce test. The claimant's BMI was over 33. 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. 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. In this case, the claimant has already had post-operative physical therapy. Providing the number of requested additional skilled physical therapy services (#18) would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments as may have occurred in this case. The request is not medically necessary.