

Case Number:	CM15-0125648		
Date Assigned:	07/10/2015	Date of Injury:	07/09/2013
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 44 year old male who sustained an industrial injury on 07/09/2013. Mechanism of injury occurred when he was working on a bridge when it was struck by a semi-trailer and he was thrown to the ground and injured both knees and the right wrist. Diagnosis is improved symptomatic meniscus tear and chondromalacia of the right and left knees. Treatment to date has included diagnostic studies, medications, status post arthroscopic meniscectomy and debridement of the knees on 12/30/2014, acupuncture, and 18 physical therapy visits for the knees. The injured worker is temporarily totally disabled. A physician progress note dated 06/01/2015 documents the injured worker is status post arthroscopic meniscectomy and debridement of both knee and is very happy with his progress. He is in the progress of finishing his physical therapy program. He has intermittent slight pain about the retro patellar region and medial joint line of both knees, but here is no further swelling, locking or catching. He does have ongoing back pain and occasional radicular complaint which are being treated separately. He walks with a normal gait and no device. Bilateral knee range of motion is flexion 130 degrees. Treatment requested is for physical therapy, 1 evaluation for HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 1 evaluation for HEP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in July 2013 and underwent bilateral arthroscopic meniscotomy and debridement. He had 18 sessions of postoperative physical therapy. When seen, he was happy with his progress and was finishing physical therapy treatments. He was having intermittent slight pain without swelling, locking, or catching. He was having ongoing back pain with occasional radicular symptoms. Physical examination findings included mild patellar and medial joint line tenderness with slightly decreased range of motion. There was slightly decreased strength. Authorization for a single physical therapy session to finalize his home exercise program was 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. 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 in excess of that recommended including instruction in a home exercise program with therapy notes indicating good understanding. The request is not medically necessary.