

Case Number:	CM15-0127823		
Date Assigned:	07/14/2015	Date of Injury:	01/20/2009
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 1/29/2009. The injured worker was diagnosed as having status post arthroscopic right knee surgery. Treatment to date has included diagnostics, surgical intervention to the right knee (most recent 4/15/2015-arthroscopic partial medial and lateral meniscectomies), medications, and physical therapy. Currently (5/28/2015), the injured worker complains of problems with range of motion and moderate discomfort. It was documented that he was making good progress with physical therapy. Exam noted full extension of the right knee and flexion to 125 degrees. His work status was total temporary disability. The treatment plan included additional physical therapy for the right knee, 2x4. On 5/21/2015, it was documented that he completed 6/18 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Knee, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24, 25.

Decision rationale: This patient is status post right knee surgery on 04/15/15. The current request is for Physical Therapy for the Right Knee, 2 times weekly for 4 weeks, 8 sessions. The RFA is dated 06/11/15. Treatment to date has included diagnostics, surgical intervention to the right knee, medications, and physical therapy. The patient is total temporary disabled. This patient is within the post-surgical time-frame. The MTUS Postsurgical Treatment Guidelines page 24, 25 support 12 visits over 12 weeks following a knee meniscectomy. According to progress report 05/28/15, the patient has moderate discomfort following his right knee surgery on 04/15/15. Examination revealed full extension of the right knee with flexion to 125 degrees. The treater noted that the patient was making good progress with PT but with some limitations. The treater recommended the patient continue with PT. Physical therapy progress report dated 05/21/15 noted that the patient has completed 6 out of 18 visits thus far. The patient is improving his strength, function and ROM but continues to have moderate pain and limitation in walking, squatting and stair tolerance. The Utilization review stated that the patient has completed 12 post op PT so far. The patient has 6 remaining sessions and the patient should complete the remaining PT sessions before further course of care is considered. In addition, the requested additional 8 sessions exceeds MTUS post-surgical guideline recommendation. This request is not medically necessary.