

Case Number:	CM15-0129091		
Date Assigned:	07/15/2015	Date of Injury:	09/17/2014
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury on 9/17/14. He subsequently reported knee pain. Treatments to date include x-ray and MRI testing, knee surgery (left knee arthroscopy, partial meniscectomy, shaving chondroplasty, lateral release on 3/26/15) and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, there was lateral patellar tracking and positive patellar grind noted. He appeared ligamentously stable. The injured worker underwent knee surgery. A request for PT 2x6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24.

Decision rationale: PT 2 x 6 is not medically necessary per the MTUS Guidelines as written. The MTUS Postsurgical guidelines recommends up to 12 visits for this surgery. The documentation dated 4/17/15 states that the patient has had 3 PT visits. The request for 12 more visits would exceed the MTUS recommended number of visits for this condition. The patient is expected to continued an independent home exercise program upon completion of supervised PT. There are no extenuating factors documented at this point which would necessitate 12 more supervised therapy visits. Furthermore, the request does not specify a body part for this PT. Therefore, the request for PT 2 x 6 is not medically necessary.