

Case Number:	CM15-0161108		
Date Assigned:	10/16/2015	Date of Injury:	04/14/2015
Decision Date:	11/25/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 4-14-2015. The injured worker is undergoing treatment for: right knee internal derangement, right knee and leg sprain and strain, acute medial meniscus tear of right knee. On 4-21-15, he reported intermittent right knee pain and swelling with numbness, tingling and a pins and needles sensation, buckling, catching and popping. He indicated pain increased with walking and he was unable to bear full weight. He stated he had an old right knee injury in 1985 from football and he has been utilizing a right knee sleeve intermittently since. There is no discussion of full recovery from that injury. He rated his pain 9 out of 10. On 7-29-15, he is noted to be scheduled for right knee surgery on 8-4-15. Objective findings revealed no crepitus, positive for tenderness, normal range of motion, negative varus stress testing, negative anterior drawer testing, negative Lachman and mcmurray's compression, normal lower extremity strength, and normal neurologic sensation status. He is noted to have been seen for preoperative examination on 8-10-15. The treatment and diagnostic testing to date has including: magnetic resonance imaging of the right knee (4-27-15), medications, blood work (5-29-15), EKG (8-10-15), and knee brace. Medications have included: Ibuprofen, Norco, Pravachol, Flonase, and aspirin. Current work status: off work, employer does not have light duty available. The request for authorization is for: post-operative physical therapy x8 visits for the right knee. The UR dated 8-4-2015: modified certification of post-operative physical therapy x6 visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical therapy x 8 visits, Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Knee.

Decision rationale: Post-op Physical therapy x 8 visits, right knee is not medically necessary per the MTUS Post Surgical Guidelines as written. The MTUS recommends an initial trial (one half of the recommended visits) of therapy and continued therapy based on evidence of objective functional improvement. The request exceeds the 6 visit trial for this particular knee surgery which is typically up to 12 visits of postoperative therapy. For this reason, the request for postoperative therapy for the right knee x 8 visits is not medically necessary.