

Case Number:	CM15-0173944		
Date Assigned:	09/15/2015	Date of Injury:	04/21/2014
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 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:

This is a 62 year old female with a date of injury on 8-21-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right knee osteoarthritis. According to the physical therapy re-evaluation dated 6-4-2015, the injured worker reported increased neck, back, right shoulder and knee pain since riding her stationary bike the day before. The injured worker had completed 12 physical therapy visits. Right knee range of motion was noted to be improved. Right knee strength was improved. Medical records (6-17-2015 to 7-29-2015) indicate ongoing right knee pain, swelling and crepitation. She had difficulty bearing weight and actively moving the knee. She reported some giving way episodes along with grinding and pain in the knee at times. The physical exam (6-17-2015 to 7-29-2015) revealed moderate crepitation with range of motion with a mild to moderate effusion. There was significant medial and lateral joint line tenderness. Treatment has included 12 sessions of post-operative physical therapy. The injured worker underwent arthroscopic right knee surgery on 3-19-2015. The original Utilization Review (UR) (8-6-2015) denied a request for physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Overturned

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

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

Decision rationale: The patient presents with right knee pain. The current request is for Physical Therapy 2 times a week for 6 weeks. The treating physician's report dated 06/17/2015 (28B) states, "She is now about three months out of her right knee multi-compartment synovectomy, meniscetomy, and chondroplasty. She is still having some giving way episode and she feels grinding and pain in the knee at times. Plan is to go forward with one more course of therapy to work on her giving way episodes." The patient's right knee arthroscopy was from 03/19/2015. The MTUS post-surgical guidelines page 24 and 25 on arthroplasty of the knee recommends 24 visits over 10 weeks. Physical therapy reports from 05/20/2015 to 06/04/2015 show a total of 12 visits. In this case, the patient has only completed 12 sessions of post-surgical therapy and the requested 12 visits are within the post-surgical guidelines. The current request is medically necessary.