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| Case Number: | CM15-0176947 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 10/28/2013 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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 57 year old female injured worker suffered an industrial injury on 10-28-2013. The diagnoses included symptomatic left knee chondromalacia. On 7-14-2015 the treating provider reported she had completed 8 sessions of physical therapy. She was having difficulty regaining her strength with self-directed exercises and was waiting for further authorization for additional sessions of physical therapy. On exam there was grade 4 quadriceps strength and reduced range of motion with tenderness. Prior treatments included left knee arthroscopy 3-20-2015 and post-operative physical therapy. The Utilization Review on 8-17-2015 determined modification for Physical therapy 2x week x 6 weeks left knee to 4 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in October 2013 when she slipped and fell while walking into a restaurant and underwent left knee arthroscopic surgery with a partial medial meniscotomy with synovectomy and chondroplasty in March 2015. As of 07/14/15 there had been completion of eight postoperative physical therapy treatments. She was having pain aggravated by bending and walking. Physical examination findings included a BMI of over 55. There was decreased neat range of motion from 5 to 90 degrees and medial, lateral, and patellar tenderness. Authorization for an additional 12 physical therapy treatments was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.