

Case Number:	CM15-0178896		
Date Assigned:	09/21/2015	Date of Injury:	02/12/2010
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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 injured worker is a 44 year old male, who sustained an industrial injury on February 12, 2010. He reported an injury to his left knee. The injured worker is status post left knee partial medial meniscectomy and synovectomy on June 19, 2015. On July 30, 2015 the injured worker had a post-operative evaluation and reported persistent pain in the left knee. He rated his pain a 4 on a 10-point scale. His previous pain rating on July 9, 2015 was 9 on a 10-point scale. The documentation revealed his pain was "slightly improving with physical therapy." He still had weakness and decreased range of motion. His pain was made better with rest, medication and therapy. He reported that his Tylenol #3, Naproxen and Omeprazole helped reduce the pain from a 6 on a 10-point scale to a 3-4 on a 10-point scale. The injured worker had completed 7 of 12 postoperative physical therapy sessions at the time of the evaluation and had increased range of motion and decreased pain. On physical examination the injured worker had a slightly increased range of motion of the left knee with flexion at 110 degrees. He had tenderness to palpation over the medial joint line with slight ecchymosis and his neurovascular status was intact distally. Additional physical therapy was requested to improve the injured worker's strength and in an attempt to reach maximum medical improvement. The injured worker was diagnosed as status post partial medial meniscectomy and synovectomy. A request for authorization for 2x6 additional P.T. of post op left knee was received on August 11, 2015. On August 17, 2015, the Utilization Review physician determined the request for 2x6 additional P.T. of post op left knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 times a week for 6 weeks for the left 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: The claimant sustained a work injury in February 2010 and underwent a left knee partial meniscectomy with synovectomy on 06/19/15. When seen, he had completed 7 of 12 post-operative physical therapy treatments with slight improvement. He had ongoing weakness and decreased range of motion. Pain was persistent and rated at 4/10. Physical examination findings included full knee extension with flexion to 110 degrees. There was medial joint line tenderness with slight ecchymosis. Completion of the remain 5 physical therapy treatments was recommended and authorization for an additional 12 visits was requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant is participating in a course of physical therapy appropriate for the surgical procedure performed. The number of additional visits requested is in excess of that recommended or what might be needed to determine whether additional physical therapy was necessary or likely to be of additional benefit. The request is not medically necessary.