

Case Number:	CM15-0179291		
Date Assigned:	09/21/2015	Date of Injury:	10/25/2014
Decision Date:	11/06/2015	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: Pennsylvania, Ohio, California
 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:

The injured worker is a 51 year old male with an industrial injury dated 10-25-2014. Medical record review indicates he is being treated for internal derangement of right knee with arthroscopic debridement-chondroplasty right, arthroscopic partial medial meniscectomy right knee and arthroscopic removal of loose body right knee on 06-05-2015. He presented on 08-05-2015 post right knee surgery. The injured worker was scheduled for his last physical therapy the next day. The injured worker complained of back pain radiating to the lateral right foot for the first time. Physical examination findings were documented as right knee wounds healing. The treating physician documented the injured worker was stronger about his right knee. Neurovascular status was intact. The treating physician documented the injured worker had a normal gait and almost a full range of motion. Prior treatment included "physical therapy to his right knee five times per week for three months" (per 05-06-2015 note.) Other treatments included a cane and 12 post-operative physical therapy visits. The treatment request is for physical therapy 3 x 4 right knee. On 08-17-2015 utilization review denied the request for physical therapy 3 x 4 right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.