

Case Number:	CM15-0037693		
Date Assigned:	03/06/2015	Date of Injury:	12/17/2013
Decision Date:	06/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 41 year old female, who sustained an industrial injury on December 17, 2013. She reported left knee pain. The injured worker was diagnosed as having sprains and strains of the right knee and leg and left knee joint pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left knee pain and right knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported a decrease in pain following surgery until December of 2013, when she experienced an acute onset of left knee pain. Evaluation on September 11, 2014, revealed continued pain as noted. Additional surgical intervention and physical therapy was discussed. Evaluation on December 16, 2014, revealed continued pain as noted following left knee surgery. Post-operative physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical therapy #2 for the left knee 2 x 4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The patient presents with pain affecting the bilateral knee. The current request is for Post Op Physical therapy #2 for the left knee 2 x 4. The treating physician report dated 3/3/15 (184) states, "She underwent left knee arthroscopy 12/2/14. She continues to have pain in the knee. She completed physical therapy for the left knee without much improvement." The MTUS postsurgical guidelines have the following: "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months." The medical reports provided, show that the patient has received 8 sessions of physical therapy previously. In this case, the patient has received 8 sessions of PT to date and the current request of an additional 8 visits is within the 24 recommended by the MTUS guidelines. Furthermore, the patient is within the postsurgical medicine treatment period of 4 months. The request is medically necessary.