

Case Number:	CM15-0042262		
Date Assigned:	03/12/2015	Date of Injury:	04/22/2014
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 32-year-old male, who sustained an industrial injury on 4/22/2014. He has reported a slip and fall, landing on the left knee. The diagnoses have included left knee bone bruise, chondromalacia patella, and osteochondral defect with tendinosis, and a partially ruptured Baker's cyst. Treatment to date has included anti-inflammatory, analgesics, activity modification, therapy exercises, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and activity modification. He was status post left knee internal derangement arthroscopic surgery 10/17/14. Currently, the IW complains of left knee pain rated 5/10 VAS with gradual improvement since last visit. The physical examination from 1/21/15 documented left knee crepitus with Range of Motion (ROM) zero to one hundred twenty degrees, with some tenderness noted. The plan of care included additional physical therapy sessions and Transcutaneous Electrical Nerve Stimulation (TENS) use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks for the left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with left knee pain, rated 5/10. The request is for additional post-operative physical therapy (12 sessions 3 times a week for 4 weeks for the left knee). Patient is status post left knee arthroscopy 10/17/14. Physical examination to the left knee on 02/11/15 revealed tenderness to palpation over the medial and lateral joint lines. Patient's treatments have included medications and physical therapy. Per 01/21/15 progress report, patient's diagnosis include status post left knee arthroscopy 10/17/14 and left knee bone bruise. Per 02/11/15 progress report, patient's medications include Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine. Patient is temporarily partially disabled. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks for meniscectomy though do not provide a specific amount for total knee arthroplasty, The postsurgical physical medicine treatment period is 6 months. The treater does not discuss the request or provide a rationale. The request is for 12 sessions of post-operative physical therapy. The patient is within post-operative time frame, as the knee surgery was on 10/17/14. However, patient has already completed 12 sessions of post-operative physical therapy treatment sessions and the requested 12 additional sessions combined with 12 already received would exceed what is recommended per MTUS. The request is not medically necessary.