

Case Number:	CM15-0071639		
Date Assigned:	04/21/2015	Date of Injury:	12/03/2007
Decision Date:	05/27/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/14/2015

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 56 year old female, who sustained an industrial injury on 12/3/07. The injured worker has complaints of low back pain with radiculopathy in the lower extremities with numbness, tingling and weakness. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included left knee arthroscopy in November 2014; physical therapy; magnetic resonance imaging (MRI) and medications. The request was for additional post- operative physical therapy 3 times 4 to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PO Physical therapy 3x4 to left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant has a history of a work injury occurring in December 2007 and underwent left knee arthroscopy and a meniscal repair in November 2014. As of 02/05/15 she had completed 10 postoperative physical therapy treatments. When seen, she had completed 12 treatment sessions but that her pain had returned. Therapy is referenced as helping to decrease pain and improve function with decreased use of pain medications. Authorization for an additional 12 treatment sessions was requested. Post surgical treatment after knee the arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the requested therapy was not medically necessary.