

Case Number:	CM15-0073785		
Date Assigned:	04/23/2015	Date of Injury:	12/09/2012
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/17/2015

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 48 year old male, who sustained an industrial injury on 12/09/2012. He has reported injury to the low back and left knee. The diagnoses have included L4-L5 disc protrusion with annular tears and moderate bilateral foraminal stenosis at L5-S1; left knee anterior cruciate ligament sprain; and left knee chondromalacia. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Ibuprofen and Norco as needed. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee increased flexion; and increased left knee pain with squats. Objective findings have included stable left knee with full range of motion, status post left knee medical compartment arthroplasty partial knee replacement. The treatment plan has included the request for an additional 12 physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 physical therapy for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents status post left knee partial replacement on November 17, 2014. The current request is for Additional 12 physical therapy visits for the left knee. The treating physician states, His left knee continues to improve. He is working on range of motion and strengthening in physical therapy. (13B) the patient has 12 sessions of postoperative physical therapy that were authorized but it is unclear how many sessions the patient has completed. The MTUS post-surgical guidelines state that following knee arthroplasty, 24 PT visits over 10 weeks for a total duration post surgically of 4 months. In this case, the treating physician has documented that the physical therapy has helped improve the patient's knee pain and function. Additionally, the requested amount is within the MTUS guidelines. The current request is medically necessary and the recommendation is for authorization.