

Case Number:	CM15-0073831		
Date Assigned:	04/23/2015	Date of Injury:	09/04/2013
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
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 34-year-old male, who sustained an industrial injury on 09/04/2013. On provider visit dated 09/30/2014 the injured worker has reported bilateral knee discomfort. On examination of the left knee was noted to have a clear surgical wounds and right knee was noted to have a positive Lachman test. The diagnoses have included status post left knee arthroscopy, partial medial meniscectomy, posterior cruciate ligament repair and anterior cruciate ligament reconstruction with patellar tendon allograft on 08/05/2014, right knee anterior cruciate ligament tear and medial lateral meniscus tear. Treatment to date has included unclear number of completed physical therapy sessions and medication. The provider requested physical therapy 2 times 4 weeks for bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 weeks for bilateral knee: Upheld

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

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

Decision rationale: The patient presents with status post left knee arthroscopy and right knee ligament, medial and lateral meniscus tear. The current request is for Physical Therapy 2 times 4 weeks for bilateral knee. The treating physician states, the patient should continue physical therapy for range of motion strengthening and proprioceptive training to his left knee. The patient will require further treatment to include a right knee arthroscopy. (4B) 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 reviewing physician documents that the patient has had 34 sessions of physical therapy but has not specified how many sessions the patient has completed since the left knee surgery. This request would exceed the recommended guideline of 24 visits. It is also unclear if the patient is scheduled for the right knee arthroscopy. The current request is not medically necessary and the recommendation is for denial.