

Case Number:	CM15-0073975		
Date Assigned:	04/24/2015	Date of Injury:	07/03/2007
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 53 year old male, who sustained an industrial injury on 7/3/07. The documentation noted on 2/27/15 that the injured worker fell, he does not remember the events surrounding the fall but came to lying on the floor. The documentation noted that the injured worker is being treated with anoxic encephalopathy and has right knee pain and suffered a meniscal tear after a fall. The diagnoses have included non-traumatic brain injury secondary to anoxic encephalopathy with residual cognitive deficits including short-term memory impairment and concentration difficulties; movement disorder with dystonic (somewhat kinesigenic) and gait ataxia due to midline cerebellar dysfunction; complete rupture of rotator cuff and disorders of bursae and tendons in shoulder region. Treatment to date has included home exercise program; electromyography of left and right upper extremity; nerve conduction study and medications. The request was for post-operative physical therapy 3 times a week for 4 weeks right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times a week for 4 weeks right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Guidelines allow for 12 sessions of physical therapy with the given specific diagnosis of knee pain, meniscus tear. This is the amount currently requested. According to the clinical documentation provided and current MTUS guidelines, Physical therapy is indicated as a medical necessity to the patient at this time.