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| Case Number: | CM15-0074923 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 10/06/2012 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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 35 year old, female who sustained a work related injury on 10/6/12. The diagnoses have included right knee osteochondral defect, chondromalacia of patella, osteoarthritis and contusion of knee. The treatments have included x-rays, MRIs, use of a knee brace, oral medications, right knee surgery, physical therapy, and aqua therapy. In the PR-2 dated 2/24/15, the injured worker complains of knee joint pain. She complains of knee joint stiffness. She states the kneecap "seems out of place." She has a clicking sensation and grating sensation in the knee. She feels off balance. She reports that physical therapy is helping with pain. The treatment plan is a request for postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Post-op Physical therapy right knee for 18 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in October 2012 and underwent an arthroscopic right knee retinacular release in November 2013 followed by post-operative physical therapy. When seen, she was having knee pain with symptoms of grating and clicking. She reported that physical therapy was helping and that she had increased pain when not exercising. Physical therapy after the claimant's surgery would be expected to include up to 12 therapy treatments over 12 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote further dependence on therapy provided treatments. The request is not medically necessary.