

Case Number:	CM15-0092069		
Date Assigned:	05/18/2015	Date of Injury:	01/22/1991
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male who sustained an industrial injury on 01/22/1991. Current diagnoses include lumbar spine pain secondary to compensatory factors, left knee new large meniscal tear, and status post left knee arthroscopy and debridement of meniscus. Previous treatments included medication management, left knee surgery on 11/07/2014, physical therapy, ice/heat, and rest. Previous diagnostic studies include an MRI arthrogram of the left knee dated 10/02/2014. Report dated 03/23/2015 noted that the injured worker presented with complaints that included left knee pain. Pain level was 5 out of 10 on a visual analog scale (VAS). The injured worker is currently working. Physical examination was positive for tenderness, and range of motion was 0 to 120 degrees. The treatment plan included requests for additional physical therapy and flurbiprofen/lidocaine cream, and continue medications and full duty. Documentation supports that the injured worker was previously authorized for 24 visits of physical therapy. Disputed treatments include 12 sessions of 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:

12 sessions of physical therapy for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: 12 sessions of physical therapy for the left knee are not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 visits of PT for this surgery within a 6 month post surgical period. The documentation indicates that the patient is out of the post surgical period at this point. The patient has had extensive PT for this condition and there are no extenuating circumstances which would necessitate 12 more supervised therapy sessions. Additionally, outside the post surgical period the MTUS recommends 10 visits (rather than the requested 12) for therapy with a transition to an independent home exercise program. The request for 12 sessions of physical therapy for the left knee are not medically necessary.