

Case Number:	CM15-0092211		
Date Assigned:	05/18/2015	Date of Injury:	06/02/2014
Decision Date:	06/17/2015	UR Denial Date:	05/08/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 6/2/2014. Diagnoses have included right knee degenerative joint disease and right patella chondromalacia. Treatment to date has included right knee injections, right knee arthroscopic surgery (11/20/2014) and physical therapy. A physical therapy note dated 3/9/2015 documents that the injured worker ended therapy with relieved lower extremity and spinal pain and stiffness. Therapy was to be held until she was released to return status post right hip surgery. According to the progress report dated 3/24/2015, the injured worker reported slight improvement in pain. It was noted that the injured worker had recent right hip surgery. Exam of the right knee revealed swelling and crepitation. The treatment plan was for physical therapy to improve right knee pain and range of motion. The progress report dated 5/1/2015 documented that the injured worker was having continued popping when walking. She remained off work. Authorization was requested for physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee 2 times a week for 6 weeks: 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.

Decision rationale: According to the guidelines, therapy is limited to 8-10 visits for most strains and up to 12 visits for most-post surgical articular disorders. In this case, the claimant had undergone over 12 sessions of therapy and the surgery was over 6 months ago. There is no indication that additional therapy cannot be completed at home. The additional 12 sessions of therapy is not medically necessary.