

Case Number:	CM15-0099421		
Date Assigned:	06/01/2015	Date of Injury:	08/29/2000
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 59-year-old male, who sustained an industrial injury on 8/29/00. The mechanism of injury was not noted. The diagnoses have included knee derangement and status post scope with residual of the right knee. Treatment to date has included medications, activity modifications, diagnostics, extensive right knee arthroscopic surgery, physical therapy, bracing and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the only progress note available for review, the injured worker was re-assessed and had about 12 sessions of physical therapy to date. However, he continues to have weakness, pain and swelling. He is also having problems with getting the brace adjusted and is still bothering him and is causing areas of skin damage. It is noted that the Synvisc injections were approved but are not available and therapy will be necessary for another 12 sessions. He is also doing work hardening and strengthening program for the knee. The objective findings of the right knee reveal that he is using a caned to ambulate, he has a brace to the right knee but he has skin damage from the bracing which is protruding him from wearing the brace, right knee range of motion is 0-120 degrees but there is weakness on the quads and mild swelling is still present. There was no diagnostic reports noted in the records and there was no previous physical therapy sessions noted in the records for review. The treatment plan was to get pain management, get Synvisc approval, prescription for Mobic medication, and adjustment of the right knee brace as it will be beneficial because the way it is he is not able to use it. The physician requested treatment included additional physical therapy times twelve sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times twelve sessions for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: The claimant sustained a work injury in August 2000 and underwent right knee arthroscopic surgery in November 2014. He had postoperative physical therapy and as of February 2015 had completed 18 postoperative therapy treatments. When seen, he was having ongoing weakness, pain, and swelling. He was having difficulty adjusting his knee brace and there were skin issues. Synvisc had been requested. Physical examination findings included decreased range of motion and quadriceps weakness. There was mild swelling. Authorization for an additional 12 physical therapy sessions was requested. Post surgical treatment after knee the arthroscopy performed includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number of additional post-operative therapy visits being requested is in excess of that recommended or what would be needed to finalize the claimant's home exercise program. The request is not medically necessary.