

Case Number:	CM15-0127842		
Date Assigned:	08/05/2015	Date of Injury:	01/26/2015
Decision Date:	10/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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 47 year old female, who sustained an industrial injury on 1-26-15. The injured worker is undergoing treatment for knee-patella pain, sprain-strain knee-leg and internal derangement of the knee. Medical records dated 6-16-15 indicate the injured worker has "improved as expected." since arthroscopy and partial medial meniscectomy of the right knee on 5-7-15. The injured worker reports he is "60% better post-operative." He is working regular duties and as of the note 6-16-15 has completed 9 physical therapy visits. Physical exam dated 6-16-15 notes right knee mild tenderness to palpation of the right medial joint line. Treatment to date has included magnetic resonance imaging (MRI) dated 3-2-15 revealing medial meniscal tear and anterior cruciate ligament (ACL) degeneration, surgery, physical therapy chiropractic treatment and medication. The original utilization review dated 6-19-15 indicates the request for physical therapy 3 X 2 right knee is non-certified noting the claimant has improved and is stable for return to work. Additional physical therapy is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x2 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in January 2015 and underwent and arthroscopic partial medial meniscotomy of the right knee on 05/07/15. As of 06/16/15, she had completed nine postoperative treatments. When seen, she had improved strength and pain was rated at 4/10. There was decreased range of motion with hamstring and quadriceps weakness. She had a normal gait. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.