

Case Number:	CM14-0188832		
Date Assigned:	11/20/2014	Date of Injury:	06/15/2013
Decision Date:	04/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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 43 year old male, who sustained an industrial injury on 06/15/2013. He has reported injury to the right knee. The diagnoses have included right knee pain; and right knee crush injury. Treatment to date has included medications, diagnostic studies, and physical therapy. Surgical intervention has included right knee arthroscopy, partial medial and lateral meniscectomies, and excision of an anterior cruciate ligament cyst, performed on 04/25/2014. A progress report from the treating provider, dated 09/11/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of constant right knee pain that radiates to the bilateral sides of the back of the knee and is accompanied by burning sensations, pins and needles tingling, and cramps; and increasing left knee pain secondary to compensation. Objective findings included a well-healed surgical scar over the right knee; and tenderness to palpation over the right popliteal and peripatellar areas. The treatment plan has included physical therapy sessions. The current request is for twelve (12) additional post-operative physical therapy 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:

Twelve (12) additional post-operative physical therapy 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): 27.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for right knee pain. He underwent arthroscopic surgery in April 2014 followed by post-operative physical therapy. Post-surgical treatment after knee the arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number or requested therapy session in combination with those already provided is in excess of guideline recommendations. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.