

Case Number:	CM13-0000739		
Date Assigned:	12/18/2013	Date of Injury:	01/24/2013
Decision Date:	02/11/2014	UR Denial Date:	05/31/2013
Priority:	Standard	Application Received:	06/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who reported an injury on 01/24/2013. The mechanism of injury was noted as a fall. The patient was noted to have had surgery on 06/12/2013 which included an operation for a patellar malacia with scraping of the posterior patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Post-op Physical Therapy 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS Postsurgical Guidelines, postsurgical physical therapy following surgery for chondromalacia of the patella and for a loose body in the knee is recommended at 12 visits over 12 weeks. The MTUS Postsurgical Guidelines indicate that the initial course of therapy should be one-half of the number of visits specified for each surgery. Therefore, the initial course of therapy following this patient's procedure should be 6 visits. The request for physical therapy 3 times a week for 4 weeks exceeds the MTUS Guideline recommendations of an initial 6 visits. The request for initial post-op physical therapy 3 times a week for 4 weeks is not medically necessary and appropriate.

