

Case Number:	CM13-0014578		
Date Assigned:	10/07/2013	Date of Injury:	08/27/2010
Decision Date:	02/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Rehabilitation and Pain Medicine, and is licensed to practice in Ohio and Texas. 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.

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 41-year-old male who reported an injury on 08/27/2010. The mechanism of injury was reported as the patient was walking and stepped on an electrical cord causing his left knee to twist. The patient was diagnosed with right knee chondromalacia, synovitis, and lateral and medial meniscal tear status post surgery. The patient underwent a left knee arthroscopy in 01/2011 with revision and left knee arthroscopy on 01/13/2012. The patient also had a right knee arthroscopy on 04/08/2013. Physical examination for the clinical documentation dated 01/31/2013 found the left knee showed well healed arthroscopic portals and well healed arthroscopic portals for the right knee. The right knee displayed range of motion from 0 to 120 degrees with manual muscle testing at 4-/5 with knee extension and 4/5 with knee flexion. The patient was recommended Synvisc 1 for the left knee. For the right knee, the patient was recommended therapy twice a week for 4 weeks as the patient continued to have pain, weakness, loss of motion, and functional deficits and had made good progress in therapy thus far. The physical therapy note dated 07/10/2013 indicated the patient continued to complain of severe pain anywhere from 6/10 through 9/10. The patient's active range of motion indicated mild impairment with pain only at end ranges of active knee extension. The patient's knee strength with extension and flexion indicated mild weakness with 4/5 of strength bilaterally. Physical therapy assessment indicated overall function progress was minimal. The patient digressed since the previous session presenting with significant pain, swelling, and decrease in tolerance to weightbearing activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY (PT) Sessions for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Postsurgical Treatment Guidelines recommend postsurgical physical therapy at 12 visits over 12 weeks. The patient continued to complain of pain to bilateral knees. However, physical therapy assessment noted that the patient's overall functional progress had been minimal. Additional of physical therapy sessions were not warranted as the patient had not made significant functional improvement. Given the lack of documentation to support guideline criteria, the request is non-certified.