

Case Number:	CM13-0017846		
Date Assigned:	10/11/2013	Date of Injury:	01/24/2001
Decision Date:	02/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 24, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; knee MRI imaging, apparently notable for probable full-thickness ACL tear with associated tri-compartmental arthritis; consultation with an orthopedic knee surgeon, who apparently was inclined to intervene operatively; and a knee scooter. In a utilization review report of August 21, 2013, the claims administrator denied a request for 12 sessions of postoperative physical therapy, seemingly on the grounds that adequate supporting documentation was not provided. The applicant's attorney subsequently appealed. In a July 15, 2013 progress note, the attending provider apparently ceased authorization for a right knee arthroscopy of the partial medial and lateral meniscectomies with 10 days of postoperative home care. On October 1, 2013, the attending provider writes that the applicant is very immobile due to chronic foot and lower extremity problems. She apparently had a fall. She is on insulin. She is not getting adequate home-health services, it is stated. She is given a diagnosis of right radial head fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy, three (3) times a week for four (4) weeks for the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the postsurgical physical medicine treatment guidelines in MTUS 9792.24.3 do endorse a general course of 12 sessions of treatment following a knee arthroscopic meniscectomy surgery, MTUS 9792.24.3.a.2 states that the initial course of therapy should represent one-half of the general course of therapy. In this case, that would represent a total of six sessions. However, it is further noted that it does not appear that the applicant has had or is scheduled to have the surgery in question. The information on file suggests that the applicant is having numerous issues with comorbid conditions, including an elbow fracture, immobility, non-industrial hospitalizations, etc, which are preventing the proposed knee surgery from taking place. It is not clearly stated that the applicant is in fact scheduled for the knee surgery in question. Therefore, the request is not certified, on independent medical review.