

Case Number:	CM13-0018237		
Date Assigned:	12/18/2013	Date of Injury:	06/29/2011
Decision Date:	04/25/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 female with an industrial injury on 6/29/11. Chief complaint is right knee pain. The patient is post right knee arthroscopic surgery on 1/16/13. The patient has slight improvement since surgery. Exam notes from 2/26/13 demonstrate the patient has pain in the entire, knee, heel, and toe during weight bearing. There is burning pain in the medial malleolus, radiating upwards in the tibia. There is pain with range of motion and foot pain with weight bearing rated 4/10. The patient is unable to ambulate without assistive device. Exam notes from 7/9/13 demonstrate patient has some soreness that has been resolved with pain medications. The patient has the signs and symptoms of CRPS in the right lower leg/foot, but they are resolving. The treatment plan includes modalities and exercises. Exam notes from 7/18/13 demonstrate patient has developed retropatellar pain aggravated by the end ranges of both flexion and extension. Exam notes from 8/15/13 demonstrate there has been no benefit from medication and exercise to date. An MRI from 11/20/13 demonstrates scarring of the anterior soft tissues of the knee, early osteoarthritis of the medial and lateral femorotibial compartments characterized by low grade cartilage loss at the anterior weight bearing surface of the lateral femoral condyle and low grade cartilage loss at the posterior weight bearing surface of the medial tibial plateau at the site of injury, mild edema of the fat deep to the iliotibial band suggestive of mild iliotibial band friction, and small joint effusion. 26 visits of physical therapy visits completed since surgery on 1/16/13. The request is for continued physical therapy of the knee 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY FOR THE KNEE THREE TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

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

Decision rationale: In this case the claimant is status post knee arthroscopy on 1/16/13. A review of the records demonstrates 26 physical therapy visits since the surgical procedure without any documentation of functional improvement. The claimant has exceeded the maximal number of recommended visits of postoperative physical therapy visits per the CA MTUS/Post Surgical guidelines. The determination is for non-certification for the requested visits.