

Case Number:	CM13-0023693		
Date Assigned:	11/15/2013	Date of Injury:	04/18/2012
Decision Date:	02/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 is licensed to practice in Oklahoma 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. 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:

a fall. The patient presents status postoperative 2 unspecified right knee surgical interventions performed in the fall of 2012. Additionally, the patient is status post a left knee arthroscopy with chondroplasty of the patella and lateral retinacular release and injection of Marcaine as of 11/06/2013 under the care of [REDACTED]. Clinical note dated 12/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents postoperative to left knee arthroscopic surgery with the rate of pain 5/10 to 6/10. The provider documents the patient has been utilizing ibuprofen 800 mg by mouth 3 times a day as well as ketophene cream. The provider documented moderate fluctuant edema at the lateral portal of the left knee, mild tenderness to palpation along the medial joint line and lateral joint line with healed surgical scars. The provider aspirated 25 cc of sanguinous fluid. The provider documented due to the patient's continued pain and weakness and that he is improving with physical therapy, the provider recommended continuing physical therapy 2 times a week for 6 weeks for range of motion and quad and hamstrings strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the left 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence any postoperative physical therapy notes documenting the patient's course of treatment, efficacy of treatment, duration and frequency of therapy sessions. The California MTUS Clean Copy Postsurgical Treatment Guidelines would support a total of 12 visits over 12 weeks of postsurgical physical therapy interventions. Given the lack of physical therapy notes documenting the patient's duration, frequency, and efficacy with treatment, the request for 12 physical therapy visits for the left knee is neither medically necessary nor appropriate.