

Case Number:	CM13-0025133		
Date Assigned:	11/20/2013	Date of Injury:	11/07/2012
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
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 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 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 claimant is a 28-year-old gentleman who was injured in a work related accident on January 17, 2012. The reported injury was that of a contusion to the right knee while performing military training. Recent clinical assessments for review gave him the diagnosis of patellofemoral pain syndrome to the right knee. The last assessment for review with treating physician [REDACTED] from September 18, 2013 stated the claimant is with continued complaints of chronic right knee pain with probable synovial plica. He has failed conservative care and continues to be with tenderness around the patellofemoral region with mild tenderness to palpation about the medial joint line and crepitation. Recommendations at that time were for a diagnostic arthroscopy to the knee for further treatment. A followup of November 4th indicates that surgical process has still not been approved. It states he has failed conservative care including physical therapy and medication management. He once again recommended request for a diagnostic arthroscopy to the knee. He was noted to be with a prior MRI of February 19, 2013 that showed proximal patellar tendinosis and chronic traction spur to the inferior pole of the patella but no definitive tearing. The meniscus was benign. There is no indication that surgery has taken place. There is a current request for eight sessions of outpatient physical therapy for the claimant's knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Post Operative Physical Therapy 2x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy for eight sessions in this case would not be indicated. While records indicate request for surgical intervention to the knee, clinical records also fail to demonstrate approval for the above procedure, or that the procedure itself has taken place. Thus, the role of any degree of postoperative physical therapy would not be indicated without better documentation of indication of the surgical process. The requested number of visits also would be in excess of the amount that would be supported by the guidelines for the initial course of care. CA MTUS allows for one half of the total amount allotted for the surgical procedure which in this case would be six visits.