MAXIMUS Federal Services

Case Number:	CM13-0045265		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2012
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 25 year old female who reported a work-related injury on 02/21/2012. The specific mechanism of injury was not stated. The patient is status post left knee ACL reconstruction as of 11/01/2012, extra-articular medial/lateral collateral ligament reconstruction as of 02/21/2013. The clinical notes report the patient was recommended to undergo removal of a cortical screw and washer about the left knee as it was prominent where the LCL was reconnected and flicking the patient's IT band causing subsequent discomfort. The clinical note also documented the provider recommended the patient be seen in consultation with a back specialist due to ongoing back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy on left knee, post operative, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sprains and strains of knee and left.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request is not supported. The request is excessive in nature at this point in the patient's treatment. The provider documented the hardware removal about the

patient's left knee would be a simple outpatient procedure with a quick recovery. The patient has attended extensive postoperative physical therapies subsequent to multiple surgical interventions to the left knee. It was previously recommended that the patient utilize times 2 postoperative sessions status post this recommended procedure. The request for 12 sessions of physical therapy is excessive in nature. At this point in the patient's treatment, an independent home exercise program would be indicated for increased strengthening and range of motion about the knee. Given all the above, the request for Physical therapy on left knee, post operative, #12 is neither medically necessary nor appropriate.

Back specialist consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is not supported. The clinical documentation reviewed evidences the patient had no complaints of lumbar spine pain until 10/23/2013, examination of the patient's lumbar spine was not evidenced on the clinical note. While California MTUS/ACOEM indicates the goal of such an evaluation is in fact functional recovery and return to work, given the lack of documentation of a thorough physical exam of the patient's lumbar spine to evidence any motor, neurological, or sensory deficits to support the current request, the request for Back specialist consult is neither medically necessary nor appropriate.