MAXIMUS Federal Services

Case Number:	CM13-0046032		
Date Assigned:	12/27/2013	Date of Injury:	09/24/2010
Decision Date:	03/12/2014	UR Denial Date:	10/31/2013
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 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 patient is a 41 year old female with date of injury 09/24/2010. According to records the patient was last seen by her physician on 09/30/2013. Subjective findings were that she had been progressing since her knee surgery, but is still limping. Limping has caused increased low back pain along with occasional spasms. The patient will use a cane occasionally for balance. She complained of neck pain and occasional headaches. She complained of pain, numbness, pins and needles sensation in both forearms and hands. Objective findings were right knee range of motion 95Â°. Visible and palpable edema in the collateral and the posterior aspect. Lumbar spine revealed 2+ tenderness in the lumbar paraspinal. Positive Kemp's test Diagnoses were: 1. Chronic pain syndrome secondary to herniated lumbar disc with spondylolisthesis, 2 area right knee internal derangement, 3. Right knee anterior cruciate ligament tear per MRI scan 11/28/2011., And 4. Insomnia, sleep disorder and insufficiency syndrome with daytime impairment, posttraumatic. The patient underwent arthroscopic right knee surgery on 08/10/2013. During the procedure showed she had a lateral meniscectomy, lysis of multifocal adhesions, and debridement of partial tear of anterior cruciate ligament with shrinkage, and shaving of articular cartilage patellofemoral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for five weeks: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: Following a surgery, if available, the Postsurgical Treatment Guidelines takes precedence over other sections of the MTUS. The patient does not necessarily have to show progress in therapy if the Postsurgical Treatment Guideline still applies to the patient. At the time the physical therapy was not certified, the patient was still in the postoperative period where the Postsurgical Treatment Guideline should have applied. The patient should be granted physical therapy as per the Guidelines. Therefore, the treatment is approved.