

Case Number:	CM13-0047405		
Date Assigned:	12/27/2013	Date of Injury:	07/04/2012
Decision Date:	02/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Hand Surgery and is licensed to practice in 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:

The patient is a 49-year-old female who reported an injury on 07/04/2012. The mechanism of injury was noted to be a fall. The patient's diagnosis is status post left lateral release and chondroplasty of the patella on the left knee. The patient was noted to have been participating in physical therapy following her surgery and it was indicated that she was approved for 15 initial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (2 times per week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Postsurgical Guidelines, physical therapy following surgery for chondromalacia of the patella is recommended at 12 visits over 12 weeks. Additionally, the patient's postsurgical physical medicine treatment period is 4 months. As the patient was noted to have previously been approved for 15 physical therapy visits following her surgery, she has already exceeded the guideline recommended 12 visits. Additionally, the patient has exceeded her postsurgical physical medicine treatment period, as her surgery was noted to have been performed on 05/21/2013. The clinical information submitted

for review failed to provide any exceptional factors to warrant physical therapy beyond the recommended 12 visits. As such, the requested physical therapy is not medically necessary or appropriate at this time.