

Case Number:	CM13-0055780		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2011
Decision Date:	03/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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 31 year old female who was injured on 02/26/2011 upon exiting a coach and felt a pop in both her knees. Prior treatment included right knee arthroscopy and plica excision on 06/18/2013 and an exploratory arthroscopic procedure on 05/30/2013. Treatment includes 18 PT sessions, an ultrasound-guided injection of the right knee on 06/26/2013 and medications (including old RN gel, Vicoden, and ibuprofen as of 08/05/2013). Orthopedic follow-up for right knee dated 10/17/2013 states the patient reported improvement in pain, but still limited by patellar region pain. Objective examination findings included ROM 10/100 (which improved from 15/95 several weeks earlier), tenderness of the patellar tendon and pain with quadriceps stretching and seated knee extension. Orthopedist recommended initiating supervised PT and use of another medication, but no report of progress in the 6 additional PT sessions after 10/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the right 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 Page(s): 24-25.

Decision rationale: According to CA MTUS physical therapy is recommended with documentation of functional improvement. "A subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." On December 11th the patient was approved for 12 additional sessions of physical therapy. There is no documentation of functional improvement in the records provided to justify additional physical therapy at this time.