

Case Number:	CM13-0057002		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2010
Decision Date:	04/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant is a 48 year old female who suffered an injury to her left knee on March 4, 2010. The medical records for review indicated that the claimant had advanced medial compartment degenerative joint disease in her left knee. These findings were demonstrated on both plain radiographs, X-rays and arthroscopic surgery which was performed in the past including 2007 and 2010. The records document persistent complaints of pain in the left knee that is limiting her activities. The claimant has failed injections, medical management, activity modification, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, twice weekly, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records provided for review appear to indicate that the claimant has not been approved to undergo the unicompartmental knee replacement. Since the surgery has not been recommended as medically necessary, there would obviously be no medical necessity

of postoperative physical therapy in a claimant who was not deemed a reasonable candidate for surgery.