

Case Number:	CM13-0060656		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2013
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pennsylvania. 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 apparently suffered an industrial injury on June 10, 2013. He has gone through conservative management including but not limited to activity modifications, work modifications, anti-inflammatory and physical therapy. The records indicate that surgical intervention for right knee arthroscopy has been approved. The report of the MRI dated July 12, 2013 showed chondromalacia of the medial patella facet with concomitant cystic changes consistent with degenerative arthritis and knee joint effusion. Physical therapy for 18 sessions postoperatively has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR POST-OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment 2009 Guidelines recommend 12 visits of physical therapy postoperatively. There is no documentation in the records provided for review that would indicate any extenuating circumstances which would necessitate the

approval of the requested 18 sessions of physical therapy. Therefore, the request for physical therapy three times a week for six weeks is not recommended as medically necessary.