

Case Number:	CM13-0062107		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	08/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/06/2013

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 Mississippi. 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 injured worker is a 54 year-old individual who was reportedly injured on 7/30/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 11/18/2013 indicates that there are ongoing complaints of left knee and low back pain. The physical examination demonstrated left knee: muscle strength 4/5. Range of motion was restricted due to pain. Range of motion was measured at extension 0, flexion to 140. No recent diagnostic studies are available for review. Previous treatment includes surgery, physical therapy and medications. A request had been made for physical therapy for the left knee #12, and was not certified in the pre-authorization process on 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to postsurgical treatment guidelines a patient who has had a manipulation under anesthesia is eligible for postsurgical physical therapy of 20 visits over 4 months. The injured worker is also eligible for medical treatment for a 6 month time frame after surgery. After reviewing the medical documentation provided it is noted the injured worker has

had extensive physical therapy, however I'm unable to determine how many visits the injured worker has attended. There are no significant deficits noted on physical exam, and the remainder of progress may be accomplished through a home exercise regimen. At this time the request for additional physical therapy is deemed not medically necessary.