

Case Number:	CM13-0066378		
Date Assigned:	06/09/2014	Date of Injury:	12/02/2011
Decision Date:	07/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 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 48-year-old female whose date of injury is 12/02/2011. The mechanism of injury is described as repetitive bending. The injured worker underwent right knee arthroscopy with complete synovectomy, medial compartment, lateral compartment, anterior intercondylar notch regions and chondroplasty lateral tibial plateau on 05/30/13. Progress report dated 09/18/13 indicates that she complains of left shoulder, low back and right knee pain. She has 5/5 motor strength of the quadriceps and hamstrings. She has completed 12 sessions of postoperative physical therapy. Diagnoses are cervical strain, inflammatory process of the bilateral shoulders, lumbar strain, inflammatory process of the right knee, and status post right knee arthroscopy. Progress note dated 03/12/14 indicates that range of motion of the right knee is decreased, and there is tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for eight physical therapy visits for the right knee is not recommended as medically necessary. The injured worker underwent right knee arthroscopy with complete synovectomy, medial compartment, lateral compartment, anterior intercondylar notch regions and chondroplasty lateral tibial plateau on 05/30/13 and has completed 12 postoperative physical therapy visits to date. Post-Surgical Treatment Guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review. The request is not medically necessary.