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| Case Number: | CM14-0006013 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 03/07/2013 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Minnesota. 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 52-year-old who reported an injury on March 17, 2013. The mechanism of injury was not stated. The current diagnosis is patellofemoral degenerative joint disease. The injured worker was evaluated on December 8, 2013. The injured worker reported bilateral knee pain. The injured worker has completed eleven out of twelve physical therapy sessions. Physical examination revealed positive crepitus upon range of motion with tenderness to palpation. Treatment recommendations at that time included authorization for 8 sessions of physical therapy. It is noted that the injured worker underwent a right knee arthroscopy with partial medial meniscectomy and chondroplasty on September 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 4 WEEKS RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, , 24

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 & 24-25.

Decision rationale: The Post-Surgical Treatment Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following derangement of the meniscus and chondromalacia of the patella includes twelve visits over twelve weeks. The injured worker has completed eleven sessions of postoperative physical therapy to date. There is no documentation of objective functional improvement. The injured worker continues to experience pain, swelling, stiffness, and weakness. The request for physical therapy for the right knee, twice weekly for four weeks, is not medically necessary or appropriate.