MAXIMUS Federal Services

Case Number:	CM14-0006255		
Date Assigned:	03/03/2014	Date of Injury:	04/19/2013
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 64 year old female who sustained a work-related injury on 4/19/13. Her diagnoses include osteoarthritis of the knee (postoperative), and internal derangement of medial meniscus (postoperative with residual weakness and swelling; no longer using crutches). There is a 1/29/14 office note that states that the patient underwent arthroscopic surgery on 10/11/13, with findings of a medial meniscus cartilage tear, grade 2-3 chondromalacia of the medial femoral condyle, and intact ACL with no evidence of rupture. There is also documentation that the patient is back at modified work. She is making progress, but still has pain and some slight swelling; for the most part this has subsided. She has some patellar crepitus with knee flexion and extension. She has good range of motion (0-120 degrees). She has significant weakness. She no longer using crutches, and is bearing weight as tolerated. The treatment plan includes an extension of orthopedic physical therapy for strengthening, especially extension, quadriceps function, and range of motion. Per physical therapy assessments on 12/5/13 and 12/18/13, there are documented complaints of a catching sensation while flexing the right knee. Range of motion was 0 to 140 degrees and strength was 4/5. A 12/23/13 physical therapy note documented right knee range of motion at 0 to 130 degrees and 4-/5 quadriceps and hamstring strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 24

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend up to 12 visits of physical therapy for this patient's particular surgery. The patient has already been authorized 16 visits, which already exceed the MTUS recommendation. The documentation indicates good range of motion in the knee, but decreased strength. At this point, the patient should be independent in a home exercise program. As such, the request is not medically necessary.