

Case Number:	CM14-0008321		
Date Assigned:	02/12/2014	Date of Injury:	02/11/2013
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 39-year-old male who has submitted a claim for osteoarthritis NOS, lower leg associated with an industrial injury date of February 11, 2013. The patient complains of left knee pain. Physical examination revealed medial and lateral joint line tenderness; significant patellofemoral crepitus and lateral tracking with a positive J sign; pain with patellar compression; quadriceps atrophy and weakness; and quadriceps pain and resistance upon straight leg raising. The diagnosis is advanced left knee patellofemoral degenerative joint disease (DJD) with mechanical symptoms and locking episodes. Left knee arthroscopy with post operative physical therapy was contemplated to assess for possible chondral flap and meniscal tears. The patient was also considered a candidate for partial patellofemoral compartment replacement versus a total knee arthroplasty. Treatment to date has included oral analgesics, physical therapy, aquatic therapy, steroid injection and Hyalgan injections. Utilization review from January 14, 2014 denied the request for 12 outpatient post operative physical therapy visits for the left knee because the primary service was non-certified

IMR ISSUES, DECISIONS AND RATIONALES

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

12 OUTPATIENT POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The dependent request of left patellofemoral joint knee arthroplasty has been deemed not medically necessary by the previous utilization review. Therefore, the associated service of 12 OUTPATIENT POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE LEFT KNEE is likewise not medically necessary.