

Case Number:	CM14-0102981		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2011
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

This case involves an injured worker who sustained an injury on 11/03/2011. The date of the utilization review under appeal is 06/09/2014 and the current diagnosis includes patellofemoral pain. On 05/14/2014, the treating orthopedic surgeon noted a plan to proceed with surgery for patellofemoral pain. An MRI of the right knee dated 05/28/2014, demonstrated moderate chondromalacia with no evidence of a meniscus tear. A request for authorization requested approval for a right knee lateral retinacular release as well as 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x wk x 2 wks 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): 10.

Decision rationale: The initial request in this case was for 12 visits of physical therapy however, the utilization review modified the request authorizing 6 visits. The postsurgical treatment guidelines, section 24.3, beginning on page 10, recommend 12 visits over 12 weeks for surgical treatment of chondromalacia. The same guidelines also recommend half of these visits as an

initial physical therapy prescription. Thus, 12 visits as initially requested exceed the treatment guidelines. Therefore, this request is not medically necessary.