

Case Number:	CM14-0108152		
Date Assigned:	08/01/2014	Date of Injury:	12/31/2011
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 57-year-old female with a date of injury of December 13, 2011. The patient underwent left knee arthroscopy and lateral release surgery. The surgery was performed on March 10, 2014. She had 24 sessions a postoperative physical therapy in 2 months of a TENS unit. Medical records indicate that the patient is doing well but does have some swelling. Physical exam shows mild tenderness and limited range of motion with limping. X-ray shows no evidence of increase of osteoarthritis. At issue is whether additional physical therapy and inferential unit supplies are medically necessary. Physical exam shows mild tenderness and limited range of motion with limping. X-ray show no evidence of increase of osteoarthritis. At issue is whether additional physical therapy and interferential unit supplies are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy three (3) times a week for four (4) weeks for the Left Knee:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee pain chapter, ODG knee pain chapter

Decision rationale: The medical records indicate that the patient has attended sufficient physical therapy to be well versed in an independent home exercise program. The patient is or he completed 24 sessions of postoperative physical therapy and had 2 months of the TENS unit. The patient is made significant improvements documented in the medical records. There is no sufficient remaining objective in functional limitation that requires the need for additional skilled physical therapy intervention. The patient should be transitioned to a home independent exercise program at this time. Additional physical therapy visits are not medically necessary.

Interferential (IF) Unit and Supplies for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee pain chapter, ODG knee pain chapter

Decision rationale: The medical records do not indicate that the patient has initially trialed this modality either clinical or home setting. There is no documentation of the response of a trial to this unit that would warrant the need for purchase of the unit. Therefore a criterion for the Interferential (IF) Unit and Supplies for the Left Knee is not medically necessary.