

Case Number:	CM14-0108670		
Date Assigned:	08/01/2014	Date of Injury:	03/31/2006
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 & 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:

The injured worker is a 49-year-old female, who reported an injury on 03/31/2006. The mechanism of injury was a fall. Her diagnoses is status post chondroplasty of the patella and arthroscopic lateral release on 04/01/2014. Her past treatments included 12 sessions of postoperative physical therapy and participation in a home exercise program. On 05/06/2014, the injured worker presented with complaints of right knee pain rated 5/10. It was noted that she had been participating in physical therapy since 04/09/2014. Her physical examination revealed decreased range of motion in the right knee to 110 degrees flexion and negative 15 degrees extension. On 06/17/2014, the injured worker was noted to have completed 12 sessions of physical therapy, and she reported improved range of motion, less tightness, and decreased pain. Her physical examination revealed slightly improved range of motion with flexion to 120 degrees and extension to negative 10 degrees. A recommendation was made to continue postoperative physical therapy for 12 more sessions. This recommendation was noted to be in order to improve range of motion, muscle strength, and decrease pain and inflammation. The Request for Authorization form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) post-operative physical therapy sessions for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition, Physical Therapy.

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

Decision rationale: According to The California MTUS Postsurgical Guidelines, postoperative physical therapy may be supported following surgery for chondromalacia of the patella up to 12 visits over 12 weeks. The clinical information submitted for review indicated that the injured worker had previously completed 12 visits of physical therapy since her surgical procedure. She was noted to have made improvement in her range of motion. However, the documentation did not provide any exceptional factors or a clear rationale for the injured worker's need for continued supervised physical therapy beyond the number of visits recommended by guidelines over participation in a home exercise program to address her remaining range of motion deficits. Therefore, the request for 12 additional Postoperative Physical Therapies for the Right Knee is not medically necessary.