

Case Number:	CM14-0012573		
Date Assigned:	02/21/2014	Date of Injury:	12/02/2012
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 Texas 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 38-year-old male who reported an injury on 12/02/2012 secondary to stepping into a ditch. The injured worker was evaluated on 01/17/2014 for reports of knee pain. The injured worker underwent a right knee arthroscopy on 05/01/2013 followed by 22 sessions of postoperative therapy. The examination noted the right knee flexion at 120 degrees with grinding in the patella. Tenderness to palpation was noted in the patella region and lateral joint. The injured worker was instructed on home exercises. The treatment plan included continued physical therapy. The Request for Authorization and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE (PPO) PHYSICAL THERAPY (PT) TIMES TWELVE (12) VISITS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines may recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort.

The injured worker has received a total of 22 prior physical therapy sessions. Postsurgical time frame of 6 months has expired. The request for an additional 12 visits in addition to the prior 22 visits exceeds the recommended number of visits. Furthermore, there is a significant lack of evidence of the efficacy of prior therapies, and the injured worker has been instructed on home exercise. Therefore, based on the documentation provided, the request is not medically necessary.