

Case Number:	CM14-0015594		
Date Assigned:	03/03/2014	Date of Injury:	12/06/2012
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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 37-year-old male who reported injury on 12/06/2012. The injured worker underwent a diagnostic and operative arthroscopy with microfracture on 04/19/2013. The injured worker subsequently underwent a Synvisc 1 injection for the right knee on 08/29/2013. The mechanism of injury was not provided. The documentation of 12/30/2013 revealed the injured worker was making slow and steady progress with physical therapy. The injured worker had difficulty with lateral movements and bending and squatting activities. The injured worker indicated he had slight instability with regard to his right knee. The injured worker had intraoperative evidence of grade 4 chondromalacia of the medial femoral condyle and had patellar chondromalacia. The diagnosis was osteoarthritis. The treatment plan included 12 sessions of postoperative physical therapy and self-directed strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE (BETWEEN 12/30/13 AND 04/09/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Knee.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that postsurgical treatment for chondromalacia of the patella is 12 visits over 12 weeks. The clinical documentation submitted for review failed to indicate the quantity of sessions the injured worker had attended and the functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for 12 sessions. Given the above, the request for 12 sessions of physical therapy for the right knee between is not medically necessary.