

Case Number:	CM14-0017762		
Date Assigned:	04/16/2014	Date of Injury:	04/28/2008
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 61-year-old female who reported an injury on 04/28/2004. The mechanism of injury was not provided for review. The injured worker's treatment history included left knee arthroscopy on 11/05/2013 with partial medial and lateral meniscectomies. A physical therapy note dated 01/07/2014 documented that the injured worker had participated in 12 visits of postoperative physical therapy. It was documented that the injured worker initially used a walker to assist with ambulation but had transitioned to a single point cane. Range of motion was described as 0 degrees in extension to 90 degrees in flexion of the left knee with 4-out of 5 hip flexion and 3+ out of 5 hip extensions. It was noted that the injured worker had 3-out of 5 knee flexion and 3+ out of 5 knee extension. A treatment recommendation was made for an additional 12 visits.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines recommend up to twelve (12) visits of physical therapy in the postsurgical management of an injured worker's pain. The clinical documentation submitted for review does indicate that the injured worker has already participated in twelve (12) visits of physical therapy; however, significant deficits still remain. The clinical documentation does indicate that the injured worker has made functional increases as a result of the prior therapy. The clinical documentation indicates that the injured worker has transitioned with assisted ambulation from a walker to a single point cane. Additionally, it is documented that the injured worker has continued strength and range of motion deficits that would benefit from additional therapy. The guidelines recommend that treatment parameters be extended after a general course of treatment if additional functional improvement can be accomplished and is within the postsurgical physical medicine period. The request for an additional twelve (12) visits was made within the four (4) month postsurgical physical medicine treatment period. As the injured worker would benefit from additional physical therapy, continued treatment would be supported. As such, the request is medically necessary and appropriate.