

Case Number:	CM14-0123596		
Date Assigned:	08/08/2014	Date of Injury:	10/05/2012
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 10/05/2012; the mechanism of injury was not provided. On 04/24/2014, the injured worker presented with pain to the right knee. Upon examination of the right knee, there was antalgic gait and the injured worker ambulated with the use of her brace on the right leg. There was tenderness to palpation over the patellar tendon, lateral incision, fibular head and calf. Active range of motion values for the right knee were -7 degrees of extension and 170 degrees of flexion. Prior therapy included surgery, physical therapy, and medications. The provider recommended postoperative physical therapy x 8 to the right knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy x 8 to the right kneew: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for postoperative physical therapy x 8 to the right knee is not medically necessary. The California MTUS states that functional exercise after hospital

discharge is mild to moderate short term but not longterm benefit. In short term therapy interventions with exercises based on functional activities may be more effective than a traditional exercise program. The guidelines recommend total visits over 12 weeks for a treatment perior of 6 months. The injured worker's date of surgery was 02/09/2014; this exceeds the 6 months treatment period that the guidelines recommend. Additionally, the amount of physical therapy visits that the injured worker already underwent postoperatively was not provided. As such, medical necessity has not been established.