

Case Number:	CM14-0123841		
Date Assigned:	08/08/2014	Date of Injury:	09/04/2013
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with an injury date of 09/04/13. The 06/24/14 treatment report by [REDACTED], states that the patient presents with left knee pain. He uses a cane and has a severe left antalgic gait, favoring his right. There is marked tenderness over the left knee, notably the medial joint line. The patient has moderate patellofemoral laxity. He remains temporarily totally disabled. There are 15 documented sessions of physical therapy for the left knee for the period of September 2013 to December 2013. He again dislocated his left knee on 01/01/14 per the 01/07/14 treatment report. The patient's diagnoses include, dislocated left knee patella and status post open patellar realignment (performed 04/08/14). [REDACTED] is requesting for 12 (3 x 4 weeks) sessions of physical therapy. The utilization review being challenged is 07/14/14. The rationale is that documentation of current status, history of physical therapy treatments, subjective complaints, functional deficits and exam findings were not provided. Treatment reports were provided from 09/23/13 to 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

Decision rationale: The patient presents with dislocated left knee patella and status post open patellar realignment. Surgery was performed 04/08/14. There is documentation of 15 physical therapy treatments from September 2013 to December 2013. These sessions were prior to the patient's current surgery. There is no other documentation of physical therapy. MTUS post-surgical guidelines pages 24, 25 states Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. The total number of sessions is within MTUS guidelines for this type of surgery. Recommendation for Physical Therapy #12 is medically necessary and appropriate.