

Case Number:	CM14-0128980		
Date Assigned:	08/18/2014	Date of Injury:	04/15/2012
Decision Date:	09/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 41-year-old male with a date of injury of 04/15/2012. The listed diagnoses per [REDACTED] are: 1. Postop quadriceps weakness. 2. Status post right knee arthroscopy and anterior cruciate ligament (ACL) reconstruction on 10/25/2013. According to progress report 07/03/2014, the patient presents continued instability symptoms and particularly giving out while walking and on stairs in the right knee. The patient states the instability continues to be in a linear plane as opposed to rotatory. Examination revealed range of motion (ROM) 0 to 135, 1 inch atrophy on the right and 4/5 quad strength. Medical provider states the patient has weakness in his quad and has significant patellofemoral pain when attempting to extend the knee. The Medical provider reports that it is "clear that the patellofemoral joint is what is inhibiting his quad strength and producing his instability symptoms." This is a request for physical therapy (PT) for the knee. Utilization review denied the request PT on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: This patient presents with continued right knee pain and weakness in the quadriceps. This is a request for physical therapy for the right knee. It appears the medical provider is requesting postoperative physical therapy. Utilization review denied a request for surgery and physical therapy on 07/22/2014. For postoperative physical therapy following an arthroplasty, MTUS Guidelines recommends 24 visits over 10 weeks. In this case, the medical file and utilization report indicates the requested arthroplasty has not yet been approved for the requested surgery. Therefore, post op physical therapy to the right knee is not indicated at this time. Request for physical therapy to the right knee is not medically necessary.