

Case Number:	CM14-0137056		
Date Assigned:	08/29/2014	Date of Injury:	05/03/2011
Decision Date:	09/25/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 40 year old female with a date of injury on 5/3/2011. Patient is status post right knee placement on 5/31/13. Subjective complaints are of pain in the knee, ankle and foot. Pain is rated 6/10. Physical exam shows a limping gait, tenderness of the left greater than right knee, positive patellar compression test to the left knee, and right ankle swelling. Records indicate prior physical therapy, but do not document the amount or effectiveness of previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy x12 right knee: Upheld

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

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

Decision rationale: CA MTUS post-surgical guidelines indicate that following knee replacement a total of 24 visits over 4 months is recommended. This patient is 15 months status post-surgery, which is well beyond the recommended post-surgical timeframe. Furthermore, documentation is not present that indicates specific deficits of the right knee for which additional

formal therapy may be beneficial. Therefore, the medical necessity for additional physical therapy is not established at this time.