

Case Number:	CM14-0157853		
Date Assigned:	10/01/2014	Date of Injury:	03/13/2006
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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 44 year old male with an injury date of 03/13/08. Based on the 08/12/14 progress report provided by [REDACTED], the patient presents with left knee pain with instability. Patient ambulates with an antalgic gait. Physical examination to the left knee reveals limited range of motion, trace patellofemoral crepitation and a healed surgical incision over the anterior aspect of the left knee. X-ray dated 06/24/14 indicates irregularity of the articular cortical surface of the patella and no acute changes. Treater requests physical therapy, which patient started, for strength training, increasing range of motion and decreasing pain. 14 physical therapy reports were submitted dated from 03/11/14 to 08/12/12, which is estimated post-op time period. The diagnosis as of 08/12/14 is status post patellar tendon repair and arthroscopic surgery of left knee, between 03/11/14 - 04/22/14, based on diagnosis from progress reports submitted- left knee strain/sprain with degenerative chondral lesions of the medial patella femoral compartment. [REDACTED] is requesting Physical therapy to the left knee twice a week for six week. The utilization review determination being challenged is dated 09/09/14. The rationale is "clinical information submitted fails to meet guidelines and total number of visits not submitted." [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/14 - 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the left knee 2x week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee MTUS post-surgical p 24,25 Page(s): p 24,25.

Decision rationale: Based on the diagnosis from the progress reports submitted, the patient is status post patellar tendon repair and arthroscopic surgery of left knee, between 03/11/14 - 04/22/14. The treating physician has not provided the date of procedure. Fourteen physical therapy reports were submitted dated from 03/11/14 to 08/12/12, which is the estimated post-op time period. The MTUS allows 12 sessions of post-op therapy for meniscal repair and tibial tendinitis. This patient is still within post-operative time frame. Based on the estimated 14 post-op physical therapy reports, the current request for additional 12 sessions exceeds the number of visits allowed for his post-surgical condition. The treating physician does not explain why this patient would require a more extensive therapy. As such, the request is not medically necessary.