

Case Number:	CM14-0164822		
Date Assigned:	10/09/2014	Date of Injury:	05/05/2010
Decision Date:	12/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine 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 injured worker is a 58-year-old male who reported an injury on 05/05/2010. The mechanism of injury was not submitted for clinical review. The diagnoses include cervical radiculitis and stenosis, status post knee arthroscopy with residuals and atrophy, status post right knee surgery, status post decompression and fusion of the lumbar spine with residuals. Previous treatments included medication, postop physical therapy, epidural steroid injections, and knee surgery. Diagnostic testing included an MRI. Within the clinical note dated 08/19/2014, it was reported the patient complained of constant neck pain. He rated his pain 6/10 in severity with radiation to the bilateral upper extremities and interscapular regions down to the hands. The patient is status post left knee arthroscopy. He complains of weakness, and swelling with limited range of motion to his left knee. The injured worker reported attending very limited physical therapy. Upon the physical examination, the provider noted small effusion of the left knee. There was quadriceps atrophy with weakness. Some residual crepitus was noted on physical examination. The provider noted the knee had good motion and was stable to varus and valgus testing. He requested additional physical therapy of the left knee for strengthening and stabilization. The Request for Authorization was not submitted for clinical 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 for the left knee, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

Decision rationale: The request for post-operative physical therapy for the left knee, 2 times a week for 6 weeks, QTY: 12 sessions is not medically necessary. The Post-surgical Treatment Guidelines note an initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. The guidelines recommend post-surgical treatment of the knee for 12 visits over 12 weeks and post-surgical physical medicine treatment period of 4 months. The request submitted exceeds the number of sessions the guidelines recommend. Additionally, there is a lack of documentation indicating the number of session the injured worker has already undergone. The efficacy of the previous treatments was not submitted for clinical review. Therefore, the request is not medically necessary.