

Case Number:	CM14-0171643		
Date Assigned:	10/23/2014	Date of Injury:	06/30/2009
Decision Date:	11/21/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 and is licensed to practice in Minnesota. 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 46 year old male with injury date of 06/30/2009 and complaints of left knee pain, giving way, and weakness. There is evidence of a chondral injury to the lateral tibial plateau. There is patellofemoral malalignment with chondromalacia. Surgery is approved for arthroscopy, chondroplasty/drilling, lateral retinacular release, and partial synovectomy of the left knee. The disputed issue pertains to the number of visits and duration of the initial post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: physical therapy post-op 2 x 6 left knee: Upheld

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

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

Decision rationale: The initial course of therapy is one 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 general course of therapy for chondromalacia of patella is 12 visits over 12 weeks. The post-surgical time period is 4 months. The initial course per guidelines

is 6 visits which can be increased if documented functional improvement is demonstrated.
Therefore the request for 2x6 physical therapy post-op as stated is not medically necessary.