

Case Number:	CM14-0184839		
Date Assigned:	11/12/2014	Date of Injury:	10/23/2013
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 10/23/2013. The patient has the diagnoses of knee pain and patellofemoral and medial compartment osteoarthritis. Per the requesting physician's progress notes dated 04/14/2014, the patient had complaints of bilateral knee pain. The physical exam noted the left knee to have an effusion with joint line tenderness and crepitus. The right knee had an effusion with crepitus and joint line tenderness. The patient eventually underwent left knee patella chondroplasty with lateral release on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 25.

Decision rationale: The California chronic pain medical treatment guidelines section on post-surgical physical therapy of the knee states: Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD-9, 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks. *Postsurgical physical medicine

treatment period: 4 months. Per the utilization review the physical medicine procedure requested is 12 sessions of physical therapy for the left knee. The patient had already undergone 12 sessions of postoperative physical therapy. The documentation does not provide clear evidence of need for additional physical therapy beyond the California MTUS recommendations. Therefore the request is not medically necessary and appropriate.