

Case Number:	CM14-0020938		
Date Assigned:	06/04/2014	Date of Injury:	04/09/2011
Decision Date:	08/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurological Surgery, 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 records presented for review indicate that this 68-year-old male was reportedly injured on 4/9/2011. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 3/5/2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated left knee: Few angles RF 5 of valve bilaterally and positive tenderness along the lateral line. Muscle strength 4/5 noted on quadriceps and hamstrings. Diagnostic imaging studies x-rays of the left knee revealed mild osteoarthritis, authentication of the medial collateral ligament and 2 mm median cartilage interval in the left knee. Previous treatment included previous surgery X 2, physical therapy, medications, and conservative treatment. A request had been made for additional physical therapy sessions #8 and was not certified in the pre-authorization process on 1/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSIOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to California postsurgical treatment guidelines, the injured worker is authorized 12 visits over 12 weeks. Postsurgical physical medicine treatment is six months. After reviewing the medical documentation, the note from the orthopedic surgeon, dated 3/5/2014, stated the patient has reached maximum medical improvement level and is able to return to work without limitations or restrictions. Therefore, the request for 8 additional physical therapy sessions is not medically necessary.