

Case Number:	CM14-0022658		
Date Assigned:	06/11/2014	Date of Injury:	08/07/2013
Decision Date:	08/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 62-year-old with a work injury to his right knee dated August 7, 2013. The diagnoses includes status-post right knee arthroscopy, partial medial and lateral meniscectomy and synovectomy, December 5, 2013. Under consideration is a request for additional post operative physical therapy two times a week for four weeks to the right knee. There is a primary treating physician (PR-2) document dated February 4, 2014 that states that the patient has ongoing discomfort in his right knee, following right knee arthroscopy performed two months ago. The patient states he continues to have knee discomfort around the front (patellofemoral compartment) and the inside (medial aspect) of the knee. He has difficulty with any type of weightbearing activity. On exam the patient has normal gait with a cane that appears to be comfort more than necessity. He has tenderness to palpation of the patellofemoral region. There is mild tenderness to palpation over the pes anserine bursal region. There is weakness with knee flexion and extension. There is no effusion of the knee noted. The treatment plan includes a request for additional post operative physical therapy two times a week for four weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the right knee, twice weekly for four weeks:
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: Additional post operative physical therapy two times a week for four weeks to the right knee is not medically necessary according to the Postsurgical Treatment Guidelines. The documentation indicates that the patient has had the recommended number of therapy visits for his condition. The documentation does not reveal extenuating circumstances that would require continued supervised therapy. The patient should be well versed in a home exercise program. The request for additional post-operative physical therapy for the right knee, twice weekly for four weeks, is not medically necessary or appropriate.