

Case Number:	CM14-0023050		
Date Assigned:	05/14/2014	Date of Injury:	10/23/2010
Decision Date:	07/11/2014	UR Denial Date:	02/11/2014
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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52 year-old female who was injured on 10/23/10. According to the 11/5/13 report she presents with a painful left knee, after having arthroscopy with synovectomy, chondroplasty of medial and lateral femoral condyles and loose body removal on 9/27/13. Wounds are healed, flexion is to 90 degs, with peripatellar, medial and lateral joint tenderness and quadriceps strength is 4-/5. PT 3x4 was recommended. On 2/11/14 UR modified a request for PT 2-3x/week for 6 weeks, to allow 1 visit. The Utilization Review (UR) letter was based on the 1/13/14 report, and states the patient already had 11 sessions of Physical Therapy (PT).

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 2-3 TIMES PER WEEK FOR 6 WEEKS TO LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 11/5/13 report she presents with a painful left knee, after having arthroscopy with synovectomy, chondroplasty of medial and lateral femoral condyles

and loose body removal on 9/27/13. The 2/11/14 UR letter states the patient had 11 sessions of post-operative Physical Therapy (PT) and on 1/13/14 the physician requested additional PT 2-3x/week for 6 weeks. According to the MTUS postsurgical guidelines for loose body removal of the knee, the postsurgical physical medicine treatment timeframe is 4-months, and a general course of care is 12 visits. The patient only had 2-weeks left for the postsurgical physical medicine timeframe, and one visit for the general course of care. Then the MTUS Chronic Pain Medical treatment guidelines apply. The knee Range of Motion (ROM) went from 90 deg flexion to 100 deg flexion from 11/5/13 to 1/13/14 with 11 PT sessions, and quadriceps weakness remained the same. The request is for 2-3x/week, so for the 2-weeks remaining under the postsurgical guidelines, this would be up to 6 sessions for postsurgical treatment with the remaining 12 session under the MTUS chronic pain guidelines. MTUS chronic pain guidelines, allow up to 8-10 sessions for myalgias or neuralgias. The PT requested that falls outside the postsurgical treatment timeframe will exceed the MTUS chronic pain guideline recommendations. The request is not medically necessary and appropriate.