

Case Number:	CM14-0024428		
Date Assigned:	06/11/2014	Date of Injury:	07/22/2011
Decision Date:	08/05/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Rehabilitations 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 49-year old with an injury date on 7/22/11. Patient complains of mild residual swelling and give-way of the 5-months post surgical right knee per 1/31/14 report. Based on the 1/31/14 progress report provided by [REDACTED] the diagnoses are: 1. Sprain of unspecified site of knee/leg. 2. Other postsurgical status. 3. Meniscus tear. Exam on 1/31/14 showed slightly antalgic gait favoring right lower extremity. Patient uses hinged brace. Able to extend against gravity. Mild pain to patellofemoral pressure. Range of motion is 0-120 degrees. No instability. Soft calf. Good distal pulses and capillary refill. [REDACTED] is requesting physical therapy 6 visits. The utilization review determination being challenged is dated 2/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/9/13 to 1/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 6 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Review of the physical therapy shows the patient had 24 sessions from 8/23/13 to 1/3/14. Regarding knee arthroplasty, MTUS post surgical guidelines recommend 24 visits over 10 weeks within 6 months of surgery. In this case, the patient is more than 5 months post-surgery, has completed 24 sessions of physical therapy and has regained full range of motion. Considering the lack of functional deficits to address, the requested for the Physical Therapy 6 Visits is not medically necessary.