

Case Number:	CM14-0030840		
Date Assigned:	06/20/2014	Date of Injury:	08/13/2012
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker who is a 51-year old female who reported an injury on 08/13/2012 slipped at the pool on a work related trip. The injured worker underwent an MRI on 12/04/2013 revealed internal degeneration of the medial meniscus without a frank tear. On 02/02.2014 the injured worker complained of left knee pain with a pain level of 4/10 being the least and 8-9/10 being the worst. It was noted the injured worker had sharpness, stiffness, increase buckling/locking and swelling of the left knee. The injured worker had positive instability, positive associated left hip and left low back pain from altering. On the physical examination done on 02/02/2014 it was noted that the injured worker body mass index was 31.54 kg/m². The left knee range of motion was 130 degrees, medial joint line tenderness and Mcurray test were both positive. It was noted the injured worker was scheduled for a left knee arthroscopy debridement no date was noted for surgery and it was noted the request was pending for the surgery. It was documented the injured worker stated that the injured worker has already had 14 total visits of physical therapy for the left knee with some improvement but continues to have focal medial joint line tenderness. The injured worker medication included Hydrocodone 5/325mg and Motrin 800mg. The diagnoses of the injured worker included left knee sprain, derangement of the left knee and left knee joint pain. The treatment plan included a decision for Post-Op Physical Therapy 2 X a week for X6 weeks left knee. There was no authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 X week X 6 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s) : 25.

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

Decision rationale: The California Medical Treatment Guidelines (MTUS) states that post-surgical treatment is 12 visits over 12 weeks. It was noted on 02/02/2014 the injured worker has a pending request for surgery for left knee arthroscopy with no given date provided for the surgery of the left knee. It was also documented the injured worker had 14 total visits of physical therapy for the left knee for conservative care with some improvement. The documentation provided lack of evidence of the physical therapy efficacy for the injured worker. Given the above, the request for Post-Op Physical Therapy two times a week for times six weeks left knee is not medically necessary and appropriate.