

Case Number:	CM14-0031712		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2013
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 is licensed to practice in Nevada. 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 is a 55-year-old male injured on October 8, 2012. The mechanism of injury was noted as jumping out of a truck. The most recent progress note, dated January 27, 2014, indicated that there were ongoing complaints of right knee pain and locking sensations. The physical examination demonstrated a small right knee effusion. There was no specific tenderness to the right knee, and there was full right knee range of motion. The knee was stable without any ligamentous laxity. Diagnostic imaging studies objectified increased signal of the lateral meniscus consistent with a tear or possible postoperative changes as well as cystic changes of the tibial plateau and loss of cartilage in the lateral compartment. Medications, injections and hot/cold traps were discussed. There was no mention of additional physical therapy. Previous treatment included two prior knee surgeries, knee injections and physical therapy. A request had been made for postoperative physical therapy and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST OPERATIVE PHYSICAL THERAPY VISITS TO THE RIGHT KNEE THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee Meniscectomy; Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 58-59 Page(s): 58-59.

Decision rationale: According to the progress note, dated January 27, 2014, the injured employee had already participated in postoperative physical therapy. Additionally, this note did not mention any additional physical therapy recommended in the treatment plan. Furthermore, it was stated that the injured employee has full muscle strength and full range of motion of the right knee without any ligamentous instability. Therefore, it is unclear what is to be gained from additional formal physical therapy. As the injured employee has previously participated in physical therapy, he should be well-versed to what is required of therapy for the knee and continue this on his own at home with a home exercise program. This request for 12 postoperative physical therapy visits for the right knee is not medically necessary.