

Case Number:	CM14-0032209		
Date Assigned:	06/20/2014	Date of Injury:	04/29/2013
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas. 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 50 year old female who was injured on 04/29/2013. The mechanism of injury is unknown. She has been treated conservatively with cortisone injections to the knee, and acupuncture was helpful to her back. The progress report dated 01/22/2014 states the patient complained of pain in the right wrist with twisting and turning. She complained of pain in the chest region; pain in the left knee, and low back pain and right leg radicular pain. Objective findings on exam revealed normal heel to toe gait. The left knee reveals tenderness over the medial and lateral joint line and positive patellofemoral crepitation. An Ortho evaluation note dated 12/18/2013 documented the patient to have complaints of left knee pain with the sensation of instability of the knee joint. He reported occasional buckling and difficulty with prolonged standing and kneeling. On exam, there is tenderness over the medial and lateral joint line. The prior utilization review dated 02/12/2014 states the request for post-op physical therapy 12 visits for the left knee was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 12 visits left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine.

Decision rationale: According to the orthopedic re-evaluation report dated 4/1/2014, the patient had been authorized knee surgery. In accordance with the guidelines, an initial course of six (6) post-surgical physical therapy sessions would be appropriate following knee meniscectomy. Pending the results and response to the initial course of post-op therapy, additional sessions may be necessary. The requested twelve (12) post-op sessions is not recommended as medically necessary, and is not supported by the guidelines. In addition, the medical records do not establish this patient has undergone left knee surgery recently, or approved for and pending such surgery in the near future. The medical records do not document a detailed course of conservative care to the left knee as to support she has exhausted conservative care, and is candidate for knee surgery. Consequently, the medical necessity of post-op physical therapy (PT) for the left knee is not medically necessary.