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| Case Number: | CM14-0033819 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 03/05/2011 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 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 underlying date of injury in this case is 03/05/2011. This patient is status post surgery on 03/24/2013 which consisted of a left knee diagnostic arthroscopy with chondroplasty of the lateral tibial plateau and left knee microfracture and treatment of an articular cartilage defect. The patient was seen in orthopedic followup 02/04/2014 with ongoing left knee pain and right hip pain. The patient was noted to have permanent localized osteoarthritis of the lower leg. The treating physician discussed options of continued nonoperative treatment versus patellofemoral arthroplasty in order to maintain his medial and lateral compartment while addressing the patient's area of injury in the patellofemoral joint. The patient was leaning towards surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 2xWk x 6Wks Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines section 24.3 outlines recommendation for physical therapy treatment status post surgery. These recommendations are guidelines to be applied in a particular case based on

the patient's actual clinical presentation. In this case, the proposed surgery has not yet been certified. Therefore, it is not possible at this time to consider or conclude the medical necessity of postoperative physical therapy for surgery which has not occurred or been certified. This request is not medically necessary.