

Case Number:	CM14-0035140		
Date Assigned:	06/23/2014	Date of Injury:	05/20/2013
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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, 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 46-year-old female with date of injury of 05/20/2013. The listed diagnosis per the provider dated 02/18/2014 is left knee status post ablation and chondroplasty medial femoral condyle, incompletely rehabilitated from 11/13/2013. The patient had a large chondral defect, grade IV, and the patient has been receiving physical therapy. She reports that her motion has improved and she is feeling better. The physical exam shows there is a well-healed incision on the left knee. There is mild soft tissue swelling. The range of motion is 0 to 85 degrees and the quadriceps are weak. The utilization review denied the request on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CONTINUED PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE BETWEEN 2/18/2014 AND 4/25/2014: Upheld

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

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

Decision rationale: This patient presents with left knee pain. The patient is status post left knee arthroscopic chondroplasty from 11/13/2013. The treating physician is requesting twelve

additional physical therapy sessions for the left knee. The MTUS post-surgical guidelines, on chondromalacia of the patella, recommend twelve visits over twelve weeks. The physical therapy report dated 02/11/2014 documents that the patient has completed twelve sessions of post-op physical therapy from 12/19/2013 to 02/11/2014. In addition, the therapist notes that the patient's left knee is improving little by little with improved range of motion and strength along her left knee but still with left knee functional deficits. Furthermore, the therapist states that the quad/VMO (vastus medialis oblique) still needs more strengthening and that the patient continues to show deficits in gait balance and range of motion. The progress report dated 02/18/2014 documents, "She reports that her motion has improved and she is feeling better." In this case, the patient has already received a total of twelve post-op physical therapy sessions. While the patient continues to show restrictions and deficits with her function and range of motion, the patient should be able to start a self-directed home exercise program to improve flexibility and range of motion. Furthermore, the requested twelve sessions in combination with previous twelve sessions would exceed MTUS recommendation for postoperative physical therapy for the knee. As such, the recommendation is for denial.