

Case Number:	CM14-0035627		
Date Assigned:	06/23/2014	Date of Injury:	03/30/2012
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery 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 injured worker is a 23-year-old gentleman who was reportedly injured on March 30, 2012. The mechanism of injury is picking up items and putting them onto a cart. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of left knee pain. There is a history of a prior left knee arthroscopy performed on September 4, 2013, for a meniscal tear and cartilage damage. There have been subsequent treatments with intra-articular steroid injections. The physical examination demonstrated a mild antalgic gait. Examination of the left knee noted medial joint line tenderness and popliteal tenderness. There was pain with patella femoral compression. The injured employee was also noted to be unable to perform a full squat. An MRI of the left knee was recommended. A request had been made for additional physical therapy for the left knee and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Postoperative Physical Therapy for Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the attached medical record the injured employee had 24 visits of postoperative physical therapy since his left knee surgery on September 4, 2013. There is no documentation regarding the efficacy of these prior treatments to justify additional formal physical therapy visits. Without this information this request for an additional 12 postoperative physical therapy visits for the left knee is not medically necessary.