

Case Number:	CM14-0036600		
Date Assigned:	06/20/2014	Date of Injury:	11/03/2010
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Georgia and Wisconsin. 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 39 year old female who was injured on 11/13/2010 when she slipped on the left foot, falling forward striking her right knee anteriorly. The patient received hydrocodone but did not stated whether this relieved her pain. The patient underwent right knee surgery in 05/2012 and 12/18On ortho evaluation dated 01/29/2014, the patient presented with complaints of right pain that is constant. She rated this pain as a 6/10 and after prolonged sitting or walking, the pain is rated as an 8/10. On exam, her gait was markedly antalgic after sitting. She was able to squat approximately halfway down on the right, three quarters the way on the left. Diagnosis is status post tear posterior horn of the lateral meniscus, with chondromalacia patellae, with chronic right knee pain. The treatment and plan included physical therapy 3x4 for the right knee. Prior utilization review dated 03/12/2014 states the request for physical therapy 3x4 for the right knee is not medically necessary; however, continued physical therapy 2x4 is medically necessary to further rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG for physical therapy of knee and leg recommends postsurgical 12 visits over 12 weeks for Chondromalacia of Patella derangement of meniscus. The medical records do not document need for continued physical therapy 3x4 for the right knee. Based on the ODG criteria as well as the lack of clinical justification in the medical records provided, the request is not medically necessary.