

Case Number:	CM14-0037677		
Date Assigned:	06/25/2014	Date of Injury:	12/15/2009
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 claimant has an industrial injury from 12/15/09. The claimant is status post knee arthroscopy with chondroplasty and hardware removal on 12/31/13. Exam note from 1/28/14 demonstrates right knee with joint line tender to palpation and restricted range of motion. Left knee demonstrates healed scars and arthroscopic portal holes about the knee. Joint effusion is noted. Certification is noted in records for 12 visits on 1/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy for the right knee, #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In this case, 12 visits have already been authorized. There is no evidence in the notes from 1/28/14 to justify further visits. No range of motion is measured in the notes. There is no evidence of postoperative contracture or documentation of completed therapy visits to warrant further visits. The request is not medically necessary.