

Case Number:	CM14-0039766		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2010
Decision Date:	07/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Management, 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 50 year old with an injury date on 2/9/10. Based on the 1/27/14 progress report the diagnose is status post excision of patellar ossicle/patelloplasty/lateral retinacular release. The exam on 2/25/14 showed less swelling present and range of motion is 5 to 95 degrees. The patient has evidence of retropatellar crepitation and wounds well-healed. The treating physician is requesting outpatient postoperative physical therapy for 8 sessions for right knee. The treating physician provided treatment reports from 11/11/13 to 5/6/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Postoperative Physical Therapy (PT) for eight (8) sessions for the right knee.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

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

Decision rationale: This patient presents with right knee pain/stiffness and is status post lateral partial facetectomy, chondroplasty, lateral retinacular release from 1/16/14. The treating

physician has asked outpatient postoperative PT for 8 sessions for right knee on 2/25/14. A review of the 2/21/14 PT report shows patient has completed 8 PT sessions. The 2/25/14 report states patient has improved slowly, with better quad tone and can do a straight leg raise, but still has leg giving out and difficulty walking. For chondroplasty of knee, the MTUS post-surgical physical treatment guidelines recommend 12 visits over 12 weeks within 4 months of surgery. In this case, patient has completed 8 PT sessions with improvement but still has functional deficits. Given the MTUS guidelines recommendation for 12 sessions following this type of surgery, the requested 8 sessions exceed what is allowed. As such, the request is not medically necessary.