

Case Number:	CM14-0044142		
Date Assigned:	07/02/2014	Date of Injury:	09/15/2011
Decision Date:	09/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 patient is a 47-year-old female who has submitted a claim for right knee internal derangement and chondromalacia patella associated with an industrial injury date of September 15, 2011. Medical records from October 14, 2013 up to February 17, 2014 were reviewed showing painful right knee. Patient had undergone surgery to her right knee on January 30, 2014. Postoperatively, she did well and stated that the pain is now better than it was prior to the procedures. Physical examination of the knee revealed a healed incision with no effusion, redness, drainage or signs of instability. Patient has then started postoperative physical therapy. Treatment to date has included arthroscopy, chondroplasty of patella, partial synovectomy, and physical therapy. Utilization review from March 14, 2014 denied the request for Physiotherapy 2 x 6 to the right knee. The patient was certified for 24 postoperative physical therapy. There was no post-operative report available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x6 to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the number of completed physiotherapy sessions was not indicated in the medical records. It was mentioned that the patient was certified for 24 postoperative physical therapy sessions. Progress reports from these visits were not made available. It is difficult to ascertain the continued benefit of such treatment due to insufficient documentation. Therefore, the request for Physiotherapy 2x6 to the Right Knee is not medically necessary.