

Case Number:	CM14-0044935		
Date Assigned:	07/02/2014	Date of Injury:	02/17/2013
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of February 17, 2013. She was seen by her primary treating physician and stated that her left knee pain had improved but there was still residual buckling and pain at night rated as a 7/10. Her exam showed healed surgical portholes from surgery in December of 2013. Medial and lateral stress elicits pain and crepitus in the left patella. She still had tenderness upon palpation of the anterior patella. Her diagnoses included status post arthroscopic repair of left knee with residuals and psychological factors resulting from work related injury. She is status post six sessions of post-operative physical therapy. The request for additional therapy at 3 x weekly at 4 weeks is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 98-99 Page(s): 98-99.

Decision rationale: In this injured worker, post-operative physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not include a discussion of her functional status or other therapies directed at functional

improvement and / or pain relief. The records do not support the medical necessity for additional physical therapy visits in this individual. The request for physical therapy for the left knee, three times weekly for four weeks, is not medically necessary or appropriate.