

Case Number:	CM14-0051121		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2009
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 36-year-old female who was reportedly injured on March 13, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 25, 2014, indicates that there are ongoing complaints of left knee pain. Current medications were stated to include carisoprodol, hydrocodone/APAP, Keflex, Medrol dose pack, OxyContin, tramadol ER and Vimovo. The physical examination demonstrated a well healed incision at the left knee. There was no effusion, warmth or erythema. Distal sensation was intact. Diagnostic imaging studies were not review during this visit. Previous treatment includes Orthovisc injections, left knee surgery, knee braces and 28 visits of postoperative physical therapy. A request was made for additional physical therapy two times a week for four weeks for the left knee and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2-3 TIMES A WEEK FOR 4 WEEKS, LEFT KNEE, PER 03/24/14 REPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines postsurgical physical therapy treatment for an anterior cruciate ligament repair is indicated for 24 visits over 16 weeks time. According to the medical record the injured employee has already participated in 28 visits of postoperative physical therapy for the left knee. Considering this and the lack of abnormal findings on the recent left knee physical examination, this request for additional physical therapy for the left knee 2 to 3 times a week for four weeks is not medically necessary.