

Case Number:	CM14-0055797		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2011
Decision Date:	09/16/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/25/2014

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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on August 6, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of anxiety, depression, and stress. Current medications include mirtazapine and fluoxetine. Another progress note dated May 27, 2014, indicates complaints of left knee pain and stiffness. The physical examination demonstrated a 10 degrees flexion contracture with range of motion from 10 to 100 degrees. Diagnostic imaging studies of the left knee indicated a small OCD lesion in the medial compartment. Previous treatment includes left knee surgery and physical therapy. A request had been made for postoperative physical therapy/work hardening two times a week for six weeks for the left knee and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy (Work Hardening Training 2 x 6 for the Left Knee (15 to date):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the attached medical record the injured employee has had left knee surgery and has participated 15 visits of physical therapy postoperatively for the left knee. According to the California Chronic Pain Medical Treatment Guidelines 12 visits of postoperative physical therapy are recommended for the injured employee's condition. Without additional information regarding the efficacy of prior therapy and justification for additional therapy, this request for an additional 12 visits of postoperative physical therapy/work hardening for the left knee is not medically necessary.