

Case Number:	CM14-0066620		
Date Assigned:	07/11/2014	Date of Injury:	12/13/2010
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 52-year-old female who was reportedly injured on December 13, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of left knee pain. There is a history of left knee surgery performed on December 2, 2013. Current medications include Norco and Butrans. The physical examination demonstrated a positive patellar grind test and patellar apprehension test. There was also a positive McMurray's test and tenderness at the medial joint line. Cymbalta was prescribed. Diagnostic imaging studies objectified degenerative changes including tricompartmental osteoarthritis. Previous treatment includes 36 sessions of postoperative physical therapy. A request had been made for continued physical therapy two times a week for six weeks for the left knee and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 x 6 for the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the attached medical record the injured employee has previously participated in 36 postoperative physical therapy sessions for the left knee. After this amount of physical therapy the injured worker should be able to continue physical therapy for the knee on her own at home with a home exercise program. This request for continued physical therapy two times a week for six weeks for the left knee is not medically necessary.