MAXIMUS Federal Services

Case Number:	CM14-0066814		
Date Assigned:	07/11/2014	Date of Injury:	09/17/2008
Decision Date:	10/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pennsylvania, Ohio, Michigan and Texas. 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 54 year-old female who sustained a September 17, 2008 work injury by a golden retriever to the back, both knees, and left ankle. The diagnoses include osteoarthritis, chondromalacia patella and chronic pain syndrome. The most recent progress note dated November 23, 2011, revealed complaints of constant bilateral low back pain with pain and numbness into her left and right lower extremities. Prior treatment includes medications, physical therapy (which she found benefit from), a single course of trigger point injections, and some benefit from acupuncture. The prior 7/15/13 left knee MRI scan shows proximal popliteal tendinopathy at the lateral femoral condyle insertion, a small joint effusion and no radiographic evidence of meniscal/ligament/tendon tear. A prior utilization review determination dated April 23, 2014 resulted in denial of postoperative outpatient physical therapy for the left knee two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy for the left knee for twelve (12) sessions, two (2) times a week for six (6) weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The requested postoperative outpatient physical therapy for the left knee two times a week for six weeks is not approved because this request is not medically supported as it is unclear if this injured worker has undergone arthroscopic left knee lateral release surgery. Additionally the outcome of this surgical procedure is unknown. Therefore the request is not medically necessary.