

Case Number:	CM14-0068627		
Date Assigned:	07/14/2014	Date of Injury:	12/23/2010
Decision Date:	09/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 Emergency Medicine, 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 patient is a 59-year-old female who was injured on April 8, 2013. The patient continued to experience pain in her right knee. Physical examination was notable for well healed surgical scars, mild swelling/effusion right knee, and mild decrease range of motion. Diagnoses included joint stiffness right knee, joint pain right knee, and cervicgia. Treatment included arthroscopic right knee surgery, physical therapy, and medications. Request for authorization for continued physical therapy for right knee twice weekly for 4 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for right knee (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The patient underwent arthroscopic surgery of the right knee on December 26, 2013. The procedural note is not available for review. The recommended number of physical therapy visits after arthroscopic surgery is 12 visits over 12 weeks with a post-surgical physical medicine treatment period of 4 months. In this case the number of physical therapy

visits received is not documented. Reviews indicate that the patient had received 24 physical therapy visits. This surpasses the recommended 12 visits. In addition the post-surgical physical medicine period expired on April 26, 2014. The request extends beyond the treatment period in the guidelines. The request is not medically necessary.