

Case Number:	CM14-0068716		
Date Assigned:	07/28/2014	Date of Injury:	07/01/2012
Decision Date:	09/29/2014	UR Denial Date:	05/06/2014
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 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 claimant is a 29-year-old, gentleman who sustained an injury as a result of cumulative trauma on 07/01/12. The clinical records provided for review document current complaints of right knee pain. The report of the office visit on 04/08/14 documented that an MRI of the right knee was noted to be normal but that the claimant remained symptomatic. Physical examination revealed effusion, crepitation, and tenderness to palpation. It was documented that the claimant had failed a significant amount of conservative treatment including a diagnostic and therapeutic injection. The recommendation was made for a diagnostic and therapeutic right knee arthroscopy with debridement of the patellar tendon and chondroplasty and 12 postoperative sessions of therapy. This review is for 12 sessions of postoperative physical therapy sessions following the surgery that was authorized by Utilization Review on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Physical Therapy Sessions postoperative for the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support the requested 12 sessions of physical therapy following the surgery for the right knee. The Postsurgical Guidelines recommend up to 12 sessions of physical therapy for this procedure. Therefore, the request for 12 sessions of physical therapy would be supported following the claimant's approved right knee arthroscopic procedure and this request is medically necessary.