

Case Number:	CM14-0069834		
Date Assigned:	07/14/2014	Date of Injury:	09/24/2013
Decision Date:	10/02/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; and 18 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for 12 to 18 additional sessions of physical therapy, invoking Postsurgical Physical Medicine Treatment Guideline in MTUS 9792.24.3. The date of surgery was not clearly stated, however. The claims administrator, in its denial, did cite a request for authorization form dated April 14, 2014. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2013, the applicant was placed off of work, on total temporary disability. A diagnostic and operative arthroscopy was sought. The remainder of the file was surveyed. The claims administrator's medical evidence log did not include the April 14, 2014 request for authorization form or associated progress note on which additional physical therapy was sought. The applicant's knee surgery apparently transpired on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy 2-3 week for 6 weeks-Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant, per the claims administrator, has had prior treatment (18 sessions), seemingly in excess of the 12-session course recommended in MTUS 9792.24.3 following knee meniscectomy surgery, as apparently transpired here. While MTUS 9792.24.3.c.2 does acknowledge that the medical necessity for postsurgical physical medicine for any applicant is contingent on applicant's specific factors such as comorbid medical conditions and an applicant's "essential work functions," in this case, however, the attending provider has not clearly outlined the need for additional treatment beyond MTUS parameters. The applicant's work status, functional status, and/or response to earlier physical therapy treatment are unknown/have not been clearly outlined. It is unclear why the applicant needs additional treatment beyond MTUS parameters, particularly in light of the fact that her job as a sales associate at [REDACTED] did not appear to be an overly taxing one. The request, thus, cannot be supported based on the evidence on file, although it is acknowledged that the April 14, 2014 request for authorization form and/or associated progress note (if any) were not incorporated into the Independent Medical Review packet. The request, however, cannot be supported based solely on the information which is on file. Therefore, the request is not medically necessary.