

Case Number:	CM14-0075175		
Date Assigned:	07/16/2014	Date of Injury:	07/11/2013
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54-year -old male who sustained an injury to his right knee on 07/11/13 while rolling a large piece of equipment on casters under a unit when the injured worker lost control of the piece and grabbed it as it flipped over. The injured worker underwent arthroscopic chondroplasty on 09/17/13 followed by 16 visits of postoperative physical therapy. Additional physical therapy was recommended because the injured worker was not compliant with his home exercise program. The clinical note dated 04/11/14 reported that the injured worker continues to work part time on modified duty and reported having a lot of stairs to climb at work. The knee continues to be painful, especially the lateral aspect of the right knee. No new trauma/injury to the right knee since the last visit; symptoms remain unchanged compared to initial evaluation. Physical examination of the right knee noted no effusion; range of motion 0-125 degrees; stable ligaments; crepitus with range of motion; improving quadriceps tone. The injured worker was recommended for additional physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The request for 6 physical therapy visits for the right knee is not medically necessary. The previous request was denied on the basis that the injured worker had already completed 16 visits of postoperative physical therapy treatment that provided minimal benefit due to the fact that the injured worker was not compliant in his home exercise program. The California Medical Treatment Utilization Schedule (CAMTUS) recommends up to 12 visits over 12 weeks for a treatment period not to exceed 4 months. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 6 physical therapy visits for the right knee is not indicated as medically necessary.