

Case Number:	CM14-0075912		
Date Assigned:	07/16/2014	Date of Injury:	10/27/2010
Decision Date:	09/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 29-year-old male who was reportedly injured on October 27, 2010. The mechanism of injury is noted as being struck by a vehicle. The most recent progress note dated May 6, 2014, indicates that there are ongoing complaints of right knee pain. No physical examination was performed on this date. Diagnostic imaging studies a normal lateral meniscus of the right knee. Previous treatment includes a right knee arthroscopy, hyaluronic acid injections, and physical therapy. A request was made for eight visits of physical therapy and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss data Institute (ODG) Guidelines- Knee and Leg (Acute & Chronic) updated 3/31/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: According to the medical record the injured employee has participated in 21 visits of physical therapy after arthroscopic surgery of the right knee. According to the California Chronic Pain Medical Treatment Guidelines 12 visits of postoperative physical therapy are recommended for both a meniscus tear any cartilage defect. It is unknown what type of progress has been made from the latest physical therapy visits. Considering this, the request for an additional eight visits of physical therapy is not medically necessary.