

Case Number:	CM14-0079558		
Date Assigned:	07/18/2014	Date of Injury:	07/24/2010
Decision Date:	08/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 52-year-old male with a date of injury of 7/24/10. The listed diagnoses per Dr. Salkinder are status post knee surgery on 10/26/13, patellofemoral syndrome of the right knee, maltracking of the right patella, left knee strain, sprain/strain of the lumbosacral spine, and insomnia due to chronic pain. According to a progress report dated 4/28/14, the patient presents with continued pain and stiffness in the right knee with difficulty standing and walking. The treating physician indicates that his request for additional 12 postoperative physical therapy visits were denied and a lack of the recommended physical therapy certainly affected his postoperative rehabilitation. The patient complains with knee instability and stiffness. Examination of the right knee revealed tenderness on palpation of the medial joint line. The range of motion was limited with negative 5 degrees of extension and 100 degrees of flexion. The patella grind test was positive. Quadriceps inhibition test was positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: physical therapy 2x6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient is status post right knee surgery on 10/26/13 and presents with continued complaints of pain, stiffness, and instability. The MTUS Postsurgical Treatment Guidelines recommend 24 visits over 14 weeks for arthroscopic surgery. In this case, the patient has only received 12 postoperative physical therapy sessions. The additional 12 sessions requested is within MTUS guidelines. As such, the request is medically necessary.