

Case Number:	CM14-0087172		
Date Assigned:	07/23/2014	Date of Injury:	04/08/2013
Decision Date:	09/24/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehabilitation, 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 patient is a 57-year-old female with 4/8/13 date of injury. 2/3/14 Pre-surgical evaluation documented that the patient is pending right knee arthroscopy and MRI from 5/29/13 revealed a full thickness chondral deft of the right knee. 4/9/14 Progress note described 5/10 knee pain that increases with walking and going upstairs. PT (physical therapy) and taping have alleviated pain. Clinically, there was improved range of motion; slight antalgic gait. The patient remains off of work. The progress note was handwritten and very difficult to read. Diagnosis was osteoarthritis of the left leg and meniscus tear. Additional PT was requested. The patient underwent right knee arthroscopy with extensive synovectomy and chondroplasty on 2/14/14 and had 18 sessions of PT since the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks; left leg and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Medical necessity for the requested additional PT (physical therapy) is not established. The patient underwent right knee arthroscopy with extensive synovectomy and chondroplasty on 2/14/14 and had 18 sessions of postoperative PT. The most recent note discussed some improvement but specific functional improvements were not documented on the physical examination. CA MTUS postoperative treatment guidelines support up to 12 sessions of PT following surgical treatment of chondromalacia in the knee. As the patient has already exceeded guideline recommended postoperative PT sessions and there are no specific functional improvements and remaining functional restrictions on physical examination, the request is not substantiated. Therefore, this request is not medically necessary.