

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0087623 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 10/07/2010 |
| Decision Date: | 09/20/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Management and is licensed to practice in Texas. 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 30 year old male whose date of injury is 10/07/10. The mechanism of injury is described as the injured worker slipped and fell and twisted his left knee. The injured worker was noted to have undergone left knee surgery on 08/03/12. He was seen on 04/30/14 with chief complaint of left knee. The injured worker had no current medications. Left knee exam reported palpable defect at the incision; tenderness to palpation at the medial portal incision; minimal swelling present diffusely; no echymosis; no ligamentous instability; range of motion 0 to 135 degrees. The injured worker was recommended to undergo left knee arthroscopy with removal of loose body and repair of capsular hernia. A request for surgical intervention was reviewed on 05/28/14 and was noncertified as medically necessary. A request for postoperative physical therapy three times a week for four weeks was reviewed on 05/30/14 and was noncertified as medically necessary. The injured worker was seen on 06/02/14 and Voltaren 100 milligrams tablets by mouth twice daily was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x/week for 4 weeks (total 12 visits): Upheld

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

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

Decision rationale: The injured worker sustained an injury to the left knee when he slipped and fell on 10/07/10. He is status post left knee arthroscopy on 08/03/12. The injured worker continues to complain of left knee pain, and was recommended to undergo another surgery to the left knee. This surgical procedure resulted in denial in utilization review determination dated 05/28/14. There is no documentation that left knee surgery subsequently was certified. Based on the clinical information provided, noting that the injured worker has not been authorized to undergo left knee surgery the request for postoperatively physical therapy three times a week for four weeks (total twelve visits) is not recommended as medically necessary.