

Case Number:	CM14-0090482		
Date Assigned:	07/23/2014	Date of Injury:	10/30/2012
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery in 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:

This is a 30-year-old male who sustained a vocational injury while working as a deputy sheriff on 10/30/12 when engaged in a foot pursuit, he fell and twisted his knee. The claimant subsequently underwent left knee surgery on 02/20/13 for resection of hypertrophic synovial plica, followed by arthroscopic evaluation of the knee in March of 2014. The office note dated 07/08/14 documented the claimant's current working diagnoses as lumbar spine disc herniation at two levels and status post patellar tendon debridement with quadriceps weakness of the left knee. The claimant complained of pain and was noted to have weakness of his quadriceps. The office note from 05/06/14 noted that the claimant had completed six sessions of physical therapy and had feelings of instability of the knee. His range of motion was noted to be 0 to 125 degrees. He had a snapping band tissue at the lateral aspect of the patella. Conservative treatment to date includes intraarticular steroid injections, viscosupplementation, anti-inflammatories, Voltaren gel and at least six sessions of formal physical therapy as of 05/06/14. The current request is for physical therapy x 12 sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitation Guidelines support 12 visits over 12 weeks for up to four months following surgical intervention in the form of knee arthroscopy. Currently there is no documentation supporting the exact nature or procedure of the most recent surgical intervention from March of 2014 or the intraoperative findings from that time. Documentation presented for review suggests the claimant had six visits as of 05/30/14, but there is no documentation quantifying the total number of postoperative physical therapy dates since the March 2014 surgical intervention. Prior to considering the medical necessity for additional physical therapy, it would be imperative to know the quantity of formal physical therapy that the claimant has undertaken to date. In addition, it appears that the claimant is more than four months removed from the most recent surgical intervention which would exceed the postsurgical physical medicine treatment. In addition, there is lack of documentation suggesting the claimant has had significant reduction of subjective complaints or significant improvement in functional and vocational abilities from the formal physical therapy that the claimant has received to date. Without such documentation, additional Physical Therapy cannot be considered medically necessary.