

Case Number:	CM14-0090622		
Date Assigned:	07/23/2014	Date of Injury:	05/19/2008
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
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 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 records presented for review indicate that this 74-year-old gentleman was reportedly injured on May 19, 2008. The mechanism of injury was noted as carrying orange juice. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated a varus deformity of the left knee with medial joint line tenderness as well as tenderness over the patellofemoral joint. There was full left knee range of motion and a positive McMurray's test. Diagnostic imaging studies of the left knee showed chondral fraying of the medial and lateral facets of the patella and of the medial femoral condyle with synovial thickening. Previous treatment included physical therapy and viscosupplementation. A request had been made for 18 sessions of postoperative physical therapy for the left knee and was non-certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of Post-Operative Physical Therapy, 3 per week for 6 weeks to the left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the reported medical record, the injured employee has not been approved for nor scheduled for a left knee surgery. Considering this, the request for 18 sessions of postoperative physical therapy for the left knee is not medically necessary.