

Case Number:	CM14-0091706		
Date Assigned:	07/25/2014	Date of Injury:	09/26/2011
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 injured worker is a 37-year-old female who was reportedly injured on 9/26/2011. The mechanism of injury was not listed. The injured worker underwent arthroscopic right knee surgery on 1/8/2014. The most recent progress notes dated 5/7/2014 and 7/7/2014, indicate that there were ongoing complaints of right knee pain. Physical examination of the right knee demonstrated joint line tenderness, positive McMurray's test, positive patellar compression test and range of motion: Flexion 85, extension 165; strength 4/5 knee flexion/extension, otherwise 5/5 in lower extremities. The injured employee currently ambulates with crutches. Plain radiographs of the right knee demonstrated narrowing of the distal patellofemoral joint. Previous treatment included #28 physical therapy sessions and anti-inflammatories. A request was made for physical therapy 3 x 4 and was not certified in the utilization review on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment utilization Schedule guidelines support postsurgical physical therapy and recommends a maximum of 12 visits over 12 weeks within 6 months of arthroscopic knee surgery. The injured worker underwent 28 sessions of physical therapy and continues to complain of knee pain, ambulates with crutches and has failed to demonstrate an improvement in pain or function. Therefore, the request for additional physical therapy 3x4 is not medically necessary and appropriate.