

Case Number:	CM14-0096227		
Date Assigned:	07/25/2014	Date of Injury:	07/04/2012
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 injured worker is a 50 year old female whose date of injury is 07/04/2012. The mechanism of injury is not described. The injured worker underwent right knee arthroscopy, chondroplasty and retinacular release on 03/25/14 and has completed sixteen postoperative physical therapy visits to date. The most recent progress note dated 06/12/14 indicates that the right knee has been doing pretty well. The injured worker reported some achiness rated at 5/10 in the right knee. The current request is for physical therapy two times a week for four weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Based on the clinical information provided, the request for physical therapy twice a week for 4 weeks for the right knee is not recommended as medically necessary. The injured worker underwent right knee arthroscopy, chondroplasty and retinacular release on

03/25/14 and has completed 16 postoperative physical therapy visits to date. CA MTUS guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Therefore, the request of Physical therapy twice a week for 4 weeks for the right knee is not medically necessary and appropriate.