

Case Number:	CM14-0179364		
Date Assigned:	11/03/2014	Date of Injury:	04/16/2010
Decision Date:	02/11/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 55-year-old female with a 4/16/10 date of injury. At the time (7/24/14) of request for authorization for 12 treatments of physical therapy for the right knee, there is documentation of subjective (right knee pain) and objective (swelling noted, tenderness over the medial joint line, positive Apley's test, positive McMurray's test, moderate patellofemoral crepitation, and stable ligaments) findings, current diagnoses (chondromalacia of the patellofemoral joint and torn intrasubstance tear of the posterior horn of medial meniscus), and treatment to date (medications, cortisone injections, and physical therapy). Medical report identifies that the requested 12 treatments of physical therapy for the right knee is for post-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 treatments of Physical Therapy for the right knee: Upheld

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

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period

of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of diagnoses of Chondromalacia of the patellofemoral joint and torn intrasubstance tear of the posterior horn of medial meniscus. However, given the requested 12 treatments of physical therapy for the right knee, there is no documentation that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. In addition, there is no documentation of a pending surgery that is authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for 12 treatments of physical therapy for the right knee is not medically necessary.