

Case Number:	CM14-0199753		
Date Assigned:	12/10/2014	Date of Injury:	08/02/2010
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 who was injured at work on 08/02/2010. She is reported to have had right knee surgery on 08/11/2014. She visited her doctor on 09/26/14 complained of catching and locking of her right knee. The physical examination revealed full extension and flexion to 120 degrees, significant patellofemoral crepitus and quad atrophy. The worker has been diagnosed of right knee status post arthroscopic synovectomy with patella maltracking; sprains/strains of unspecified site of knee and leg; right knee osteoarthritis ; loose body in the knee; right knee synovitis. Treatments have included 23 physical therapy visits. At dispute is the request for add post op pt x12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Add post op physical therapy x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 08/02/2010. The medical records provided indicate the diagnosis of right knee status post arthroscopic synovectomy with patella maltracking; sprains/strains of unspecified site of knee and leg; right knee osteoarthritis; loose body in the knee; right knee synovitis. This is based on the postsurgical chapters of the MTUS and the chronic pain chapter of MTUS. The MTUS recommends 24 visits over 16 weeks during a postsurgical physical medicine treatment period of 6 months for sprains and strains of knee and leg; Cruciate ligament of knee; Postsurgical treatment: 12 visits over 12 weeks in a postsurgical physical medicine treatment period of 4 months for old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis. The chronic pain chapter recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The medical records provided for review does not indicate a medical necessity for add post op physical therapy x 12 visits. The injured worker has had 23 physical therapy sessions. Therefore, the request for 12 additional sessions is not medically necessary and appropriate.