

Case Number:	CM14-0201064		
Date Assigned:	12/11/2014	Date of Injury:	02/19/2014
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 37 year old male with the injury date of 02/19/14. Per physician's report 10/24/14, the patient has left knee pain. The patient had arthroscopic debridement of the femoral notch and manipulation under anesthesia left knee on 09/11/14. The patient presents with -5 degree of extension and 220 degree of flexion. The patient is not working. The lists of diagnoses are:1) Left knee, arthrofibrosis, improving with physical therapy with improved range of motion2) Left knees, S/P manipulation and arthroscopic debridementPer 07/09/14 progress report, the patient sustains a continuous trauma type injury to the left knee. The patient had arthroscopic ACL reconstruction with a partial lateral meniscectomy on 02/20/14. "Post-operatively, he developed problems with significant stiffness and weakness." The utilization review determination being challenged is dated on 11/07/14. Three treatment reports were provided from 06/17/14 to 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy three times a week for four weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 24 and 25.

Decision rationale: The patient presents with pain and weakness in his left knee. The patient is s/p left knee meniscectomy on 02/19/14 and manipulation and arthroscopic debridement 09/11/14. The request is for additional 12 sessions of Physical Therapy for the left knee. The current request of 12 therapy sessions is within post-operative time frame. For post-operative therapy treatments, MTUS guidelines page 24 and 25 allow 20 visits for manipulation under anesthesia. The utilization review letter 11/07/14 indicates that the patient has had 20 sessions of therapy between 09/12/14 and 10/17/14. 19 physical therapy reports are provided. The review of the reports does show that the patient has had pain reduction and functional improvement as the Provider's diagnosis "Left knee, arthrofibrosis, improving with physical therapy with improved range of motion." However, it would appear that the patient has had adequate therapy recently. The provider does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 20 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.