

Case Number:	CM14-0214399		
Date Assigned:	01/07/2015	Date of Injury:	04/06/2014
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female with the date of injury of April 6, 2014. The mechanism of injury was a fall to her right knee. The patient continues to have chronic knee pain. X-rays of the right knee are normal. MRI of the right knee shows low-grade maximal MCL tear with no meniscal tear. On physical examination patient has limited range of motion. Exam reveals diffuse tenderness to the knee. McMurray's test is positive. Patient has had physical therapy continues to have pain. Surgery has been approved for the right knee. At issue is whether postoperative physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Post op physical therapy 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 guidelines recommend an initial trial of a short course of PT with documented improvement prior to authoring more postop PT. There must be documentation of

improvement after an initial short postop PT course. ALL requested postop PT visits not supported by guidelines.