

Case Number:	CM15-0002429		
Date Assigned:	01/13/2015	Date of Injury:	05/01/2014
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 21-year-old male who reported an injury on 05/01/2014. The mechanism of injury was due to while coming out the rear of a trailer, his right leg fell between the warehouse and the rear of the trailer, hitting his shin bone and when getting up feeling a pop in the right inner knee. Past medical treatment consists of 6 physical therapy 6 session and medication therapy. On 07/24/2014, the injured worker underwent an MRI of the right knee, which revealed no cruciate or collateral ligament tear or articular surfacing meniscal tear; there was a small 5 mm focal high grade cartilage defect along the lateral aspect of the median ridge of the patella. On 11/17/2014, the injured worker was seen for a follow-up appointment where he complained of right leg and knee pain, which he described as dull, sharp, aching, throbbing and constricting. The injured worker rated the pain at a 7/10 to 9/10. Physical examination of the right knee revealed that there was tenderness noted over the patella, medial joint line and inferior and superior patella. Patellofemoral compression test was positive. Manual muscle testing revealed 4/5 strength with flexion and extension. Range of motion was restricted with pain. The injured worker has diagnoses of right knee chondromalacia, right knee internal derangement and right knee sprain. Medical treatment plan was for the injured worker to undergo 12 sessions of postoperative physical therapy 3 times a week for 4 weeks for the right knee. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of post-operative physical therapy, 3 times per week for 4 weeks 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): 25.

Decision rationale: The MTUS state that for postop sprain/strain of the knee it is recommended 24 visits of postop therapy over 16 weeks. The guidelines further state that medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but limited to, such factors as comorbid medical conditions, prior pathology and/or surgery involving same body part; nature, number and complexities of surgical procedures undertaken; presence of surgical complications; and patient's essential work functions. There was no indication of the injured worker having any surgical recommendations, nor was there evidence in the documentation of the injured worker being scheduled for surgery. Given the above, the request would not be indicated. As such, the request is not medically necessary.