

Case Number:	CM15-0002908		
Date Assigned:	01/13/2015	Date of Injury:	07/25/2014
Decision Date:	04/01/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 36 year old male sustained work related industrial injuries on July 25, 2014. The injured worker was diagnosed and treated for contusion of the right knee. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated 12/18/14, the injured worker complained of right knee pain. Objective findings revealed mild limp on right, trace of swelling in right knee, residual ecchymosis, positive crepitus, guarded range of motion and diffused tenderness. Provider noted that the injured worker had failed conservative care including time, therapy, medication and injections and recommendations were for arthroscopy of the right knee with associated post-operative physical therapy. The treating physician prescribed post-op physical therapy for the right knee, 3 times a week for 4 weeks now under review. On December 29, 2014, the Utilization Review (UR) evaluated the prescription for post-op physical therapy for the right knee, 3 times a week for 4 weeks. Upon review of the clinical information, UR non-certified the request for post-op physical therapy for the right knee, 3 times a week for 4 weeks, noting the MTUS Guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of post-op physical therapy for the right knee, 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-op physical therapy for the right knee, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter-ODG Physical Medicine Guidelines.

Decision rationale: According to the ODG guidelines post-surgical visits for a chondroplasty would allow 12 visits over 12 weeks. Since the documentation indicated the pathology found during the diagnostic arthroscopy was patellar cartilage changes then using these guidelines would be appropriate. However, the requested treatment Associated surgical service: post-op physical therapy for right knee, 3 times a week for 4 weeks does not follow the guidelines. Thus the Requested treatment: Associated surgical service: post-op physical therapy for the right knee, 3 times a week for 4 weeks is not medically necessary and appropriate.