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| Case Number: | CM15-0029716 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 09/25/2014 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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

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 25 year old female, who sustained an industrial injury on 9/25/2014. The current diagnosis is medial meniscus tear of the left knee. Currently, the injured worker complains of left knee pain. The physical examination of the left knee reveals point tenderness upon palpation about the medial joint line. There is moderate effusion present. Range of motion is restricted. Medications prescribed are Ultram, Nalfon, and Protonix. Treatment to date has included medications, knee brace, and physical therapy. The treating physician is requesting 12 postoperative physical therapy sessions for the left knee, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for 12 postoperative physical therapy sessions for the left knee. The postoperative physical therapy was non-certified based on denial of requested surgical intervention. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy sessions for the left knee 3x wk x 4wks (12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 25 year old patient complains of pain in the anterior left knee, as per progress report dated 01/14/15. The request is for postoperative physical therapy sessions for the left knee 3 x wk x 4 wks. The RFA for this case is dated 01/23/15, and the patient's date of injury is 09/25/14. The patient has been diagnosed with patellofemoral instability with chondromalacia patella of the left knee, as per progress report dated 01/14/15. Medications included Anaprox, Norco and Protonix. As per progress report dated 12/16/14, the patient suffers from chronic low back pain that radiates to produce numbness and pain down the right leg, rated at 8/10. The patient is temporarily totally disabled, as per progress report dated 01/14/15. MTUS, post-surgical guidelines pages 24-25, recommends 24 sessions of PT in post-operative cases. The post-surgical time frame is 6 months. In progress report dated 01/4/15, the treater is requesting for left knee arthroscopy surgery with lateral release. The treater is also requesting for 12 sessions of post-operative physical therapy. The patient underwent 5 sessions of physical therapy in the past, as per progress report dated 12/05/14. However, the therapy did not help. In fact, the patient was unable to complete the last visit due to pain. Additionally, it is not clear if the left knee surgery has been authorized or not. Hence, the request for post-operative therapy IS NOT medically necessary.