MAXIMUS Federal Services

Case Number:	CM14-0122440		
Date Assigned:	09/16/2014	Date of Injury:	06/12/2013
Decision Date:	12/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine and is licensed to practice in New York. 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 26 year old female with a date of injury of 06/12/2013. She had a slip and fall accident on a wet floor. She fell on her right knee. On 02/28/2014 it was noted that she had physical therapy and also an injection to the knee. She was taking Tramadol, Naprosyn and Gabapentin for the injury. On 04/30/2014 she had right knee arthroscopic chondroplasty of the patella. She had physical therapy for her right knee on 05/27/2014. On 06/25/2014 she completed her 10th physical therapy visit. On 07/02/2014 she completed her 12th physical therapy visit of the current series and then there was a request for 12 more visits. The listed diagnosis was chondromalacia patella. On 07/15/2014 it was noted that she had physical therapy and was doing a home exercise program. The patella was tender to palpation but there was no effusion. She had full extension and flexion to 115 degrees. Ligament exam was stable. Negative Lachman and drawer. X-ray that day was negative. More therapy was ordered to strengthen her quadriceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks: 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 patient had physical therapy for the right knee after the injury. Then on 04/30/2014 she had a right knee chondroplasty. Then she completed 12 post operative physical therapy visits starting on 05/27/2014. The MTUS maximum amount of physical therapy is 12 physical therapy visits. Old bucket handle tear; Derangement of meniscus; loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; postsurgical treatment: 12 visits over 12 weeks. She has already completed the maximum of 12 post operative physical therapy visits and the requested additional 12 visits is not consistent with MTUS guidelines. Also, for strengthening of her quadriceps at this point in time relative to the surgery, there is no documentaiton that continued formal physical therapy is superior ot a home exercise program.