

Case Number:	CM14-0139910		
Date Assigned:	09/08/2014	Date of Injury:	09/19/2007
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 56-year-old female who injured the left knee on 09/19/07. The records provided for review documented that the claimant is status post left knee arthroscopy, partial medial and lateral debridement, lateral retinacular release, plica excision and open posterolateral corner/popliteus tendon repair on 07/08/13. Since the time of surgery, the claimant has been treated with a significant course of physical and aquatic therapy for greater than 30 sessions, custom orthotics, medication management, activity restrictions and injections including viscosupplementation. A recent assessment for review of 06/10/14 reveals "minimal knee pain" with documentation of stiffness and difficulty kneeling. There were inflammatory findings of the knee with tenderness over the patellofemoral joint. The assessment documented that the claimant had minimal benefit from recent corticosteroid injections, but had done well with viscosupplementation in the past. The claimant requested further physical therapy for which 12 clinical sessions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy Two Times A Week For Six Weeks (2x6) For The Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter, Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for outpatient additional post-operative physical therapy two times a week time six weeks to the left knee is not recommended as medically necessary. continued physical therapy would not be indicated. The medical records document that the claimant is greater than one year following the time of surgery and well outside the window of post surgical care. In regards to physical therapy in the chronic setting, the Chronic Pain Guidelines would support up to nine to ten sessions of physical therapy in treatment for myalgias or myositis. The requested 12 sessions in this individual whose recent clinical assessment showed minimal examination findings and no true pain complaints cannot be supported as medically necessary. There is no documentation in the medical records to explain why this claimant would not be able to transition to a home exercise program at this time in his recovery.