

Case Number:	CM14-0089022		
Date Assigned:	10/07/2014	Date of Injury:	08/07/2009
Decision Date:	11/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 46 year old female with a date of injury on August 7, 2009. The most recent records indicate that the injured worker's most recent objective findings indicate almost full range of the bilateral knee motion with no instability. Tenderness was noted over the patellar facet bilaterally. Medial line pain was present and strength was 4-5/5. She is diagnosed with sprain and sprain of the lower extremities.

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, three sessions per week for four weeks to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: According to evidence-based guidelines, if it is determined that additional functional improvement can be achieved after completion of the general course of post-operative therapy; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the most recent records provided date back to October 22, 2013.

The records provided did not indicate what type of surgery the injured worker had and what the response of the injured worker was to the general course of postoperative physical therapy. However, based on the records, the injured worker is noted to be within normal functional limits with regard to the range of motion of the knees. There is no indication that she continues to experience weakness or any limitations that would keep her from being able to perform an independent home exercise program. There is also no indication of an exacerbation. Therefore, the medical necessity of the requested additional physical therapy three sessions per week for four weeks to the left knee is not established.