

Case Number:	CM14-0097855		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2009
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 has a reported industrial injury on 9/1/09. Exam note 3/19/14 demonstrates report of left knee pain. Exam demonstrates tenderness along the patellofemoral joint and medial patellofemoral joint. Normal range of motion is noted. Negative McMurray's is noted. There is tenderness reported at the lateral patellofemoral joint and medial patellofemoral joint. Exam note from 4/14/14 demonstrates tenderness at both the lateral and medial patellofemoral joint. AME report from 2/25/14 demonstrates a normal Q angle. No subpatellar crepitus and patellar tracking was noted to be normal. Denial is noted on prior utilization review on 6/12/14 for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Post Op Physical Therapy Visits for the Left Knee, 3 times a week for 4 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Corpus Christi, TX

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure was not authorized by the prior utilization review from 6/12/14, then the determination is for non-certification for 12 postoperative physical therapy visits.