

Case Number:	CM14-0083852		
Date Assigned:	07/21/2014	Date of Injury:	03/17/2010
Decision Date:	06/29/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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: Pennsylvania, Ohio, 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 61-year-old male patient who sustained an industrial injury on 03/17/2010. On 03/13/2014, he underwent a magnetic resonance imaging study of the right knee without contrast, which revealed severe chondromalacia within the patellofemoral compartment; mild sprain of the medial collateral ligament and posteromedial joint capsule and mild adjacent soft tissue edema; mild intrasubstance degenerative change within the lateral meniscus with minimal fraying, and a small joint effusion. A primary treating office visit dated 02/19/2014 reported the patient with subjective complaint of having bilateral knee pain. He was previously deemed permanent and stationary. Objective findings showed the knee with tenderness to palpation of the medial knee, positive Lachman's test, positive guarding and positive McMurray's. He is diagnosed with ACL tear, internal derangement right greater than left knee, a history of shoulder RCT. The plan of care noted the doctor recommending an updated magnetic resonance imaging scan of the right knee. A follow up visit date 05/07/2014 reported subjective complaint of right knee locking. There was no change in the treating diagnoses. The plan of care noted recommending surgical intervention to right knee. He is diagnosed with rotator cuff tear, neck sprain and strain, tear cruciate ligament; lumbar sprain and strain, and internal derangement of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the Right Knee (8-sessions, 2 times a week for 4 weeks): 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): 25.

Decision rationale: The Postsurgical Treatment Guidelines recommends 12 visits after the planned surgery, with half these visits initially prescribed. The request exceeds the initial anticipated physical therapy prescription for the planned surgery. Therefore, the request is not medically necessary.