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| Case Number: | CM15-0129846 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 04/21/2014 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old woman sustained an industrial injury on 4/21/2014. The mechanism of injury is not detailed. Diagnoses include status post left knee surgery, and left knee stiffness. Treatment has included oral medications, physical therapy, use of crutches, use of Bledsoe knee brace with hinges, and surgical intervention. Physician notes dated 4/21/2014 show complaints of post-operative knee stiffness. Recommendations include physical therapy, transition to use of a single crutch, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Physical therapy (3 x 6): 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.

Decision rationale: CA MTUS post surgical treatment guidelines page 24 for manipulation under anesthesia recommend 20 visits with PT over 4 month. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the initial recommended number of visits and is

therefore not medically necessary.