

Case Number:	CM14-0103788		
Date Assigned:	07/30/2014	Date of Injury:	02/10/2014
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 patient is a 48-year-old female who has submitted a claim for knee IDK s/p debridement associated with an industrial injury date of February 10, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain and swelling on her left knee. Examination of the knee revealed minimal to slight swelling, absence of tenderness over the medial and lateral joint spaces and a negative McMurray's, patellofemoral grind and patellar apprehension tests. Treatment to date has included medications, surgery and physical therapy. The patient had already been approved of 8 PT sessions previously. Most of the PT notes submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility. The 8th PT progress note mentioned that the patient had decreased pain and improved function; however, these were not adequately described. Utilization review from June 25, 2014 modified the request for Post OP Physical Therapy 3x4 to 2x4. The reason for modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post OP Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Knee/ Leg web edition.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines recommend 12 visits over 12 weeks of post-operative physical therapy for dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; and or dislocation of patella. In this case, the patient had undergone left knee arthroscopy on April 23, 2014. She had already undergone 8 prior post-op PT sessions and the provider was requesting for 12 more sessions. However, the requested number of visits will exceed the guideline recommended 12 visits and there was no provided rationale for going beyond the guideline recommendations. Moreover, it is not clear how significant was the patient's improvement as the reduction in pain scores and improvement in functional capability were not adequately described. Furthermore, this request did not specify the body part to be treated. Therefore, the request for Post OP Physical Therapy 3x4 is not medically necessary.