

Case Number:	CM13-0003497		
Date Assigned:	03/03/2014	Date of Injury:	04/20/2012
Decision Date:	04/07/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/25/2013

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, has a subspecialty in Interventional Spine, 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 49 year old male with date of injury of 04/20/2012. The listed diagnoses per [REDACTED] dated 07/01/2013 are: 1. Osteoarthros NOS - Left leg 2. Contusion of the knee 3. Status post Right knee meniscectomy and chondroplasty, 03/29/2013 Progress report dated 07/01/2013 by [REDACTED], was handwritten and barely legible. The patient rates his knee pain 4/10. He takes Doexis for pain relief. Objective findings notes no tenderness on the joint line and mild swelling of the right knee. The patient is status post right knee meniscectomy and chondroplasty, 03/29/2013. The treater is requesting 6 additional physical therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy Session to treat the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 8, 24,25.

Decision rationale: This patient presents with right and left knee pain. The patient is status post right knee meniscectomy and chondroplasty, 03/29/2013. The treater is requesting 6 additional

physical therapy visits for the right knee. Utilization review dated 07/12/2013 denied the request stating that the patient has received 9 PT and should now be able to begin his own self-directed home exercise program. Given the patient's surgery from 3/29/13, the current request is within the post-op time frame. MTUS post-op guidelines for meniscectomy and chondroplasty recommends 12 visits over 4 months. Physical therapy report dated 09/01/2013, shows that the patient received 11 PT sessions. MTUS, page 8, also states "continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the treater failed to document satisfactory progress toward treatment goals to substantiate the request for additional therapy. Physical therapy reports do not show adequate progress to warrant additional visits and the patient has already had 11 session of therapy. The current request for 6 sessions would exceed what is typically recommended for post-operative meniscectomy/chondroplasty care. Therefore, request is for denial.