

Case Number:	CM13-0009073		
Date Assigned:	01/31/2014	Date of Injury:	03/26/2010
Decision Date:	04/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

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 Internal Medicine, and is licensed to practice in New York. 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 51 year old female with a date of injury on 03/26/2010. She was reaching across her desk and noted a popping sensation over her left leg. The low back and left lower extremity are accepted for injury. On 09/13/2012 she had left knee arthroscopic meniscectomy and 12 post-operative physical therapy visits. On 06/01/2013 she had another left knee arthroscopic surgery with 8 post-operative physical therapy visits. She had chondromalacia. She continued to have decreased range of motion. On 06/28/2013 a request for another 8 physical therapy visits was received and 6 were certified. This was to start on 07/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION, POST SURGERY PHYSICAL THERAPY KNEE, PAGE 25

Decision rationale: MTUS post-surgical physical therapy for meniscectomy/chondromalacia notes that the maximum number of physical therapy post-operative visits for the next 4 months is

12 visits. The Final Determination Letter for IMR Case Number CM13-0009073 4 requested 8 additional post-operative physical therapy visits would exceed the maximum allowed number of visits in the guideline.