

Case Number:	CM13-0010849		
Date Assigned:	09/19/2013	Date of Injury:	12/18/2012
Decision Date:	01/28/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 physician 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 44-year-old female who reported an injury on 12/18/2012 with the mechanism of injury being a twisting injury. The patient was noted to undergo surgery for a partial medial meniscectomy. The patient's diagnoses were noted to include strained right knee with tear medial meniscus and tricompartmental arthritis right knee with loose body. The request was made for Post-operative physical therapy 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: The Post-Surgical Treatment Guidelines indicate an initial course of therapy is one-half the number of visits specified in the general course of therapy. The postsurgical care of a patient for a meniscectomy was noted to be 12 visits. The initial course of therapy would be 6 physical therapy sessions. The physical examination revealed the employee had mild crepitation and tenderness and minimal swelling and warmth with a mild limp on the right leg.

The clinical documentation submitted for review indicated the employee had 4 physical therapy visits. However, it failed to provide documentation of the employee's progress in the physical therapy. Given the above lack of documentation regarding the prior therapy, the request for Post-operative physical therapy 2 x 4 is not medically necessary.