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| Case Number: | CM13-0015366 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/07/2011 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

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 Occupational Medicine 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:

This patient is a 71 year old female, with a date of injury of 2/7/11. Subsequent to a slip and fall she developed increasing right knee pain. X-rays have revealed advanced tricompartmental arthritis. A subsequent MRI on 10/29/12 showed advanced widespread DJD with bone marrow changes and meniscal degeneration and thinning. A meniscal tear could not be ruled out and the ACL could not be visualized. A request for medial meniscectomy was denied in U.R. In association with the request for surgery was a request for 12 sessions of post operative physical therapy. Subsequently a request for 10 sessions of aquatic based physical therapy was approved. Treatment has also included a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY KNEE- RIGHT 2 X 6: Upheld

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

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

Decision rationale: Aquatic based physical therapy was eventually approved, but this request for physical therapy 2 X's 6 weeks was specifically requested for post operative rehabilitation.

Post surgical guidelines support 12 sessions of therapy if surgery is completed. However, the surgery was not performed which negates the medical necessity of this request.