

Case Number:	CM13-0020081		
Date Assigned:	10/11/2013	Date of Injury:	01/15/2004
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine & 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 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 underlying date of injury in this case is 01/15/2004. This patient is status post surgery on 05/17/2013 which consisted of a right knee medial and lateral meniscectomy with a tricompartmental chondroplasty and synovectomy and right knee cortisone injection. An initial physician review notes that this patient received 3 postsurgical physical therapy sessions and that the current request exceeds the postsurgical physical therapy guidelines of 6 sessions for a tear of the medial/lateral meniscus of the knee. A physical therapy progress of 08/2013 notes that the patient had been evaluated 06/25/2013, that she only received 3 sessions of treatment and that due to the short treatment duration, no more improvement was noted other than slight progress and right knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of 24 Physical therapy sessions for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend with regard to derangement of the meniscus, "Postsurgical treatment: 12 visits over 12 weeks...Postsurgical

physical medicine treatment: 4 months." More notably, the general instructions in this section 24.3 under Postsurgical Treatment Guidelines, states, "Only the surgeon who performed the operation, or nurse practitioner, or physician assistant working with that surgeon, or a physician designated by that surgeon can make a determined medical necessary and prescribe postsurgical treatment...If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine." The medical records in this case do not contain such physician documentation to support specific goals or an alternate rationale for additional postsurgical physical medicine treatment. Therefore, the request for a series of 24 physical therapy sessions for the bilateral knees is not medically necessary and appropriate