

Case Number:	CM13-0020294		
Date Assigned:	10/11/2013	Date of Injury:	04/23/2012
Decision Date:	01/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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 and 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 patient is a 67-year-old female who reported a work-related injury on 04/23/2012 due to slipping and twisting her knees. The patient had right knee surgery for medial meniscal tear in 2012 and left knee internal derangement surgery in 2013. In 05/2013, physical therapy was started for her left knee. The patient was also noted to have arthritic changes on both knees with medial joint space loss bilaterally and arthroscopic evidence of cartilage damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week for three (3) weeks to the left knee:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The physical therapy note dated 08/22/2013 reported the patient had 150 degrees of flexion to left knee and the physical therapy note dated 08/30/2013 reported that the patient had increased range of motion and no swelling and that her left knee ached occasionally. The most recent clinical note submitted stated the patient's range of motion was 0 to 125 degrees and the patient had improved strength over vastus medialis obliquus muscle. It was also noted

she would return to work full duty. The California Medical Treatment Guidelines recommend 12 visits over 12 weeks for the postsurgical treatment of derangement of meniscus. Given the submitted documentation, it is unclear how many physical therapy visits the patient has had to this date for her left knee. There were no significant functional deficits noted for the patient to warrant continuing formal physical therapy visits. Guidelines state that a home exercise program should be initiated at the first visit of physical therapy. The submitted documentation gave no evidence that the patient would not be able to minimize her remaining deficits in a home exercise program. Given the above, the request for outpatient physical therapy 2 times per week for 3 weeks to the left knee is non-certified.