

Case Number:	CM13-0020586		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2012
Decision Date:	01/16/2014	UR Denial Date:	08/22/2013
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:

This patient is a 41-year-old male status post tricompartmental synovectomy, partial meniscectomy of the lateral meniscus, with notes detailing that the patient has completed 22 sessions of physical therapy as of 07/31/2013. This patient was seen for evaluation on 08/07/2013 with notes indicating that as the patient was status post right knee surgery, and as the patient had completed his last prescription of physical therapy, the patient received a new prescription for 6 sessions at 3 times a week for 2 weeks. The patient was released on modified duty at work with indication for the patient to have no climbing of stairs or prolonged standing for greater than 30 minutes per hour. Evaluation of the patient in physical therapy on 07/31/2013 noted active range of motion from 0 to 130 degrees with manual muscle testing revealing 4+/5 strength in the extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for two (2) weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: The California MTUS Clean Copy Guidelines, support 12 physical therapy visits over 12 weeks postsurgical treatment following meniscectomy. The current request for an additional 6 sessions of physical therapy exceeds the recommendation of the guidelines, on top of the already completed 22 sessions as of 07/31/2013. Furthermore, the most recent clinical note submitted for review on 08/07/2013 indicated that the patient was status post surgery with partial meniscectomy of the lateral meniscus, as well as a tricompartmental synovectomy. Notes indicate that the patient was recommended for an additional 6 sessions of physical therapy; however, there was a lack of documentation submitted for review of an objective clinical evaluation of the patient's knee, or clear clinical rationale indicating medical necessity to continue physical therapy outside of the recommendation of the guidelines versus a home exercise program from which the patient could derive further benefit. Given the above, the request for physical therapy 3 times a week for 2 weeks for the right knee is not medically necessary and appropriate.