

Case Number:	CM13-0022253		
Date Assigned:	11/13/2013	Date of Injury:	11/13/2012
Decision Date:	01/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Interventional Spine 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 with a date of injury of 11/13/2012. The patient has diagnosis of tear medial meniscus knee. She is s/p left knee arthroscopy, dated 04/05/2013. The utilization review dated 08/21/2013 denied request for 12x additional physical therapy stating additional 12 session is in excess of the already 24 post-op sessions rendered and recommend by MTUS guidelines. The report by [REDACTED] dated 08/05/2013, 06/24/2013 and 05/06/2013 states the patient is continuing with physical therapy. The patient continues with complaints of pain and discomfort. Examinations notes decreased ROM in left knee, minimal effusion, no calf TTP, tenderness to quadriceps and negative instability of left knee. [REDACTED] requests additional 12x PT to improve ROM and stiffness. The clinical records by [REDACTED] show patient has received 25 post-op therapy sessions dating from 04/22/2013 to 07/12/2013.

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 four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sprains and Strains of Knee and Leg..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient has diagnosis of tear medial meniscus knee. She is s/p left knee arthroscopy for medial meniscectomy dated 04/05/2013. The utilization review dated 08/21/2013 denied request for 12x additional physical therapy stating additional 12 sessions are in excess of the already 24 post-op sessions rendered. The report by [REDACTED] dated 08/05/2013, 06/24/2013 and 05/06/2013 states the patient is continuing with post op physical therapy. The patient continues with complaints of pain. The examination notes decreased ROM in left knee, minimal effusion, no calf TTP, tenderness to quadriceps and negative instability of left knee. [REDACTED] requests additional 12x PT to improve ROM and stiffness. The clinical records by [REDACTED] [REDACTED] show patient has received 25 post-op therapy sessions dating from 04/22/2013 to 07/12/2013. The California MTUS post surgical guidelines allow up to 12 visits over 16 weeks for meniscectomy. The patient already has received 24 sessions of post-op therapy and the recommendation is for denial.