

Case Number:	CM13-0025453		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2003
Decision Date:	02/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 60-year-old injured worker with date of injury on 08/27/2003. The progress report dated 08/15/2013 by [REDACTED] indicates the patient had undergone right knee meniscectomy on 08/07/2013 and 4 sessions of physical therapy was requested. Utilization review letter dated 09/11/2013 denied the request of the 4 sessions and modified it to 2 sessions to transition into a home exercise program and indicated that there were 12 sessions of postop physical therapy that had been provided. Physical therapy reports were not available for review. However, it is unlikely the patient had undergone 12 sessions of postop physical therapy in 1 week's time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, twice a month for the right knee, quantity 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the Postsurgical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines for derangement of meniscus recommends 12 sessions of physical therapy over 12 weeks. The request for 4 sessions of physical therapy is supported by the guidelines noted above. The progress report dated 08/15/2013 by [REDACTED] indicated that the patient had undergone right knee meniscectomy on 08/07/2013 and was requesting 4 sessions of physical therapy for the patient. The request for post operative physical therapy, twice a month for the right knee, quantity 4, is medically necessary and appropriate.