

Case Number:	CM13-0025888		
Date Assigned:	12/18/2013	Date of Injury:	12/21/2012
Decision Date:	03/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 41-year-old male who reported a work-related injury on 12/21/2012 after he fell into a hole while carrying a pump. The patient has been treated with physical therapy, medications and activity alterations and is status post an arthroscopic surgery with a medial meniscectomy of the right knee on 04/16/2013. It was noted that the patient has had at least 12 postoperative physical therapy sessions. A request has been made for 12 additional physical therapy visits for the right knee for 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the right knee (2) times a week for (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The recent clinical documentation stated that the patient's examination of the right knee revealed tenderness in the medial joint line as well as over the pes anserinus bursa. Physical exam revealed the patient's knee was grossly intact neurovascularly and had full range of motion. Tenderness was noted in the medial joint line and pes anserinus bursa. No swelling

was noted, and there was no gross ligamentous instability. The patient underwent a cortisone injection to his right knee. The California Medical Treatment Guidelines recommend 12 physical therapy visits over 12 weeks for the postsurgical treatment of meniscectomy. There was no evidence given that the patient would not be able to address his remaining deficits in a home exercise program versus formal physical therapy visits in the submitted documentation. The patient was not noted to have any significant functional deficits which would warrant an additional 12 visits of formal physical therapy visits. Physical exam of the patient's right knee dated 12/18/2013 stated that he had full range of motion with no instability noted. Therefore, the request for 12 additional physical therapy visits for the right knee at 2 times a week for 6 weeks is non-certified.