

Case Number:	CM13-0026642		
Date Assigned:	11/22/2013	Date of Injury:	04/12/2012
Decision Date:	01/29/2014	UR Denial Date:	08/21/2013
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 Family Practice, and is licensed to practice in Texas. 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 52-year-old female who reported a work-related injury on 04/12/2012, as a result of a fall. The clinical notes evidence the patient is status post arthroscopic meniscal repair of the left knee as of 10/18/2012. The patient had completed 14 postoperative physical therapy sessions. The clinical note dated 10/14/2013 reports the patient presents for follow-up under the care of [REDACTED] for her left knee pain complaints. The provider documents the patient's range of motion about the left knee is at 0 degrees of extension, 120 degrees of flexion. Crepitus, pain and moderate effusion were noted. Tenderness was present about the medial, lateral and patellofemoral joint. The provider documented the patient presents with osteoarthritis at the left knee. The provider recommended the following treatment plan, cortisone injection to the left knee, request for physical therapy 12 sessions, and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee & leg) Acute Chronic

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

Decision rationale: The current request is not supported. The clinical notes submitted for review evidences the patient continues to present with left knee pain complaints status post a work-related fall with injury sustained in 04/2012 and subsequent surgical interventions performed in 10/2012 indicative of a meniscal repair. The clinical notes document the patient completed 14 sessions of postoperative physical therapy as well as a course of Orthovisc injections without resolve of her symptomatology. The request for an additional 12 sessions of physical therapy at this point in the patient's treatment is excessive in nature, as California MTUS Postoperative Guidelines recommend 12 visits over 12 weeks. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated, as the current request cannot be modified to assess for efficacy of supervised therapeutic interventions. Given all of the above, the request for physical therapy 3 times a week for 4 weeks, for the left knee is not medically necessary or appropriate.