

Case Number:	CM13-0028145		
Date Assigned:	03/14/2014	Date of Injury:	01/29/2011
Decision Date:	04/15/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has and is licensed to practice in New York. 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 expert 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 63 year old female with a date of injury on 12/09/2011. At the time of the request for more physical therapy, she was 2.5 months since her right knee arthroscopic chondroplasty. She had completed 16 post operative physical therapy visits. On 08/22/2013 it was noted that she had 80% of her range of motion and 80% of her strength. Gait and balance were good. The request was for another 16 post operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN A. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, PHYSICAL MEDICINE GUIDELINES AND AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM). CHAPTER 12 (LOW BACK COMPLAINTS) (2004), PAGE 303. ALSO, POST SURGICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 24.

Decision rationale: The patient had already completed 16 post operative physical therapy visits and the request was for an additional 16. MTUS ACOEM page 24 allows for a maximum of 12

post operative physical therapy visits for arthroscopic knee meniscectomy/chondroplasty. She has already exceeded the maximum allowed post operative physical therapy visits. Also, by that time she should have already been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program.