

Case Number:	CM13-0029028		
Date Assigned:	11/01/2013	Date of Injury:	04/23/2011
Decision Date:	07/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Medicine and is licensed to practice in Arizona. 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 58 year old male with a date of injury on 4/23/2011. Diagnoses include status post right knee arthroscopy on 4/25/2013, left knee scope, and lumbar pain. Subjective complaints are of post-op improvement in right knee with physical therapy and left knee is still painful. Physical exam shows decreased knee pain and increased mobility. Prior evaluation and treatment include x-rays, MRI, right knee arthroscopic surgery, work restrictions, medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR THE BILATERAL KNEE: 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): 25.

Decision rationale: California MTUS recommends 9 physical therapy visits over 8 weeks after arthroscopic surgery of the knee. This patient has already received at least 12 sessions of physical therapy. Documentation is not present that indicates specific deficits for which

additional formal therapy may be beneficial. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations and is not medically necessary.