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| Case Number: | CM13-0029334 | | |
| Date Assigned: | 03/28/2014 | Date of Injury: | 06/28/2012 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 Orthopedic Surgery 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 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 51-year-old male who reported an injury on 06/28/2012. The mechanism of injury was not provided for review. The patient ultimately underwent arthroscopic medial meniscectomy of the right knee in 04/2013. This was followed by postoperative physical therapy. The patient's most recent clinical evaluation documented that the patient had continued right knee pain. The patient's diagnoses included a tear of the medial meniscus, and pain in the left leg joint. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ADDITIONAL POST-OP PHYSICAL THERAPY 2 X PER WEEK:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The requested right knee additional postoperative physical therapy 2 times per week is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 12 visits of postoperative physical therapy for a meniscectomy.

Clinical documentation submitted for review does indicate that the patient has been in postoperative physical therapy since at least 05/2013. However, the specific number of physical therapy was not provided in the record. Additionally, the patient's most recent clinical evaluation does not provide any objective measures or deficits that would require further rehabilitation. There is no evidence of the efficacy of prior therapy. There were no exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested right knee additional postoperative physical therapy 2 times per week is not medically necessary or appropriate.