MAXIMUS Federal Services

Case Number:	CM13-0034257		
Date Assigned:	12/06/2013	Date of Injury:	05/08/2011
Decision Date:	04/09/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient reported a date of injury of May 8, 2011. A utilization review determination dated September 10, 2013 recommends modification of PT 3x4, R knee. The previous reviewing physician recommended modification of PT 3x4, R knee due to an additional four visits over two weeks being reasonable given the procedure performed as well as functional impact related to the residual symptoms and the claimant having been given 12 post-op visits. A PR-2 Report dated November 3, 2013 identifies Subjective Complaints of right knee swelling improving. Feels like its giving way. Physical examination identifies difficulty with sitting, antalgic gait favoring the left lower extremity. The patient moves about with stiffness. Diagnoses identify s/p right knee A/Sx with residuals. Treatment Plan identifies Temporarily Total Disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 3 times per week for 4 weeks, for treatment to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for physical therapy 3 times per week for 4 weeks, for treatment to the right knee, California MTUS Post-Surgical Treatment Guidelines recommend up

to 12 total PT sessions after meniscectomy, with half that amount recommended initially. Within the medical information made available for review, the prior Determination identifies the patient underwent 12 PT sessions after having undergone medial and lateral meniscectomies, as well as microfracture with chondroplasty and synovectomy. The prior review also notes the patient has had improvement with prior therapy. However, there is no documentation of specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy 3 times per week for 4 weeks, for treatment to the right knee is not medically necessary.