

Case Number:	CM13-0034319		
Date Assigned:	03/28/2014	Date of Injury:	04/19/2012
Decision Date:	04/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 43-year-old female who reported an injury on 04/19/2012. The mechanism of injury was the patient slipped. The patient had subsequent surgery for a loose osteochondral body, lateral meniscus tear, and trochlear chondromalacia on 01/18/2013. The patient underwent physical therapy for her knee. The documentation of 08/30/2013 revealed the patient had pain in the posterior of the knee. The patient's diagnosis included right knee pain. The request was made for 12 sessions of outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Postsurgical Treatment Guidelines indicate that the duration of care with physical medicine for a meniscus surgery is 6 months. The patient is past the 6-month timeframe. As such, additional guidelines were sought. The MTUS Chronic Pain Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for

myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of sessions the patient had previously attended and the objective functional benefit received from prior therapy. There was a lack of documentation indicating the patient had objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for physical therapy 12 sessions to the right knee is not medically necessary and appropriate.