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| Case Number: | CM13-0037467 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 07/05/2012 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 and 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. 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:

This is a patient with a date of injury of 7/5/12. A utilization review determination dated 10/11/13 recommends non-certification of additional physical therapy (PT) 2 x 4 right knee. The reviewer noted that 8 postoperative PT sessions has been utilized with improvement in range of motion(ROM), strength, and tolerance of weightbearing activities, with some remaining residual deficits. The request was modified to 4 additional sessions in accordance with the CA MTUS recommendation of 12 sessions following meniscectomy. The provider notes knee pain and swelling, tenderness, crepitus, and some limited ROM, with a plan to continue PT as authorized and progress to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x week for 4 weeks for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for additional physical therapy (PT) 2 x week for 4 weeks for right knee, the California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. Within

the documentation available for review, it is noted that the patient underwent 8 PT sessions after meniscectomy with improvement in ROM (range of motion), strength, and weightbearing tolerance. Additional PT was requested and the utilization reviewer modified the request to certify 4 additional sessions, which would equate to the 12 total sessions recommended by the CA MTUS. There is no documentation as to why the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy beyond the recommendations of the CA MTUS. The modification to 4 sessions as recommended in utilization review appear appropriate; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy 2 x week for 4 weeks for right knee is not medically necessary.