

Case Number:	CM13-0038041		
Date Assigned:	12/18/2013	Date of Injury:	09/25/2002
Decision Date:	03/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The claimant is a 56-year-old injured worker who sustained a work related injury on September 25, 2002. The patient subsequently developed right and left knee pain. He underwent right knee meniscectomy on August 6, 2013. According to the initial evaluation dated on August 29, 2013 and follow up notes dated on September 30, 2013, the patient developed right knee pain and the severity of pain was reported to be between 7-8/10. The pain is aggravated by movements, weight bearing, and sitting to standing movement. Although the medications improved the pain, the patient is to have limitations in performing his activities of daily living. His physical examination demonstrated right knee pain with reduced range of motion, right lower extremity weakness, tenderness in the quadriceps hamstring and hip flexors. In the assessment section of September 30 2013 note, the provider stated that the functional status of the patient improved, and that the patient is progressing towards goals outlined in initial evaluation. The patient had 10 sessions of physical therapy. However the improvement was suboptimal. The provider requested 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

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

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

Decision rationale: According to the MTUS Post-Surgical Treatment Guidelines, Postsurgical treatment for dislocation of the knee, tear of media/lateral cartilage/meniscus of knee, and dislocation of the patella, is stated to be 12 visits over 12 weeks. Postsurgical physical medicine treatment is for a period of six months. Based on the medical records provided for review the patient has minimum functional improvement after 10 sessions of physical therapy. 12 visits are the maximum allowed visits over 12 weeks after surgery. The maximum time frame to perform physical therapy is 6 months. The patient was operated on August 6 2013 and MTUS time frame to perform physical therapy has expired. The request for 12 sessions of physical therapy is not medically necessary and appropriate.