

Case Number:	CM13-0040883		
Date Assigned:	12/20/2013	Date of Injury:	02/26/2011
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Pediatric Rehabilitation Medicine 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 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 patient is a 31-year-old female who reported an injury on 02/26/2011. The patient is diagnosed as status post right knee arthroscopy on 06/18/2013 and right knee weakness. The patient was seen by [REDACTED] on 12/11/2013. It was noted that 12 additional sessions of physical therapy have been authorized. Physical examination revealed 0 to 100 degrees range of motion, 3/5 strength, mild tenderness and swelling, and intact sensation. Treatment recommendations included ongoing physical therapy.

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 6 to right knee at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 127, 1062-1067, Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a

fading of treatment frequency, plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has attended postoperative physical therapy. The latest daily physical therapy note was submitted on 09/04/2013, following the patient's completion of 6 sessions of physical therapy. Documentation of any treatment thereafter in 10/2013 was not provided for review. There is no evidence of significant functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.