

Case Number:	CM13-0041714		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2013
Decision Date:	10/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 57-year-old male who was injured on January 21 2013. The patient continued to experience pain in his left knee. Physical examination was notable for limited range of motion of left knee with mild swelling and effusion. Diagnoses included left medical meniscus tear. Treatment included medications, physical therapy, and surgery in April 2013. Request for authorization for physical therapy for left knee 12 sessions was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Preface <Physical therapy guidelines>

Decision rationale: In this case the patient underwent arthroscopic surgery for meniscal tear of the left knee. The recommended post-surgical treatment is for 12 visits over 12 weeks with a post-surgical physical medicine treatment period of 4 months. The patient underwent physical

therapy starting in April 2013. There is no documentation for number of visits or objective evidence of functional gain. The request for an additional 12 visits would surpass the recommended 12 postsurgical visits. As such, the request is not medically necessary.