

Case Number:	CM13-0046449		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2010
Decision Date:	04/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation 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 44-year-old male who reported an injury on 09/14/2010 due to a slip and fall which caused injury to the patient's low back, right shoulder, right knee and right ankle. The patient underwent surgical intervention of the right knee. The patient received postoperative care, to include physical therapy. The patient's most recent clinical evaluation revealed no range of motion deficits of the right knee and no complaints of knee pain. The patient's treatment plan included additional physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT KNEE (8 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review does indicate that the patient previously received physical therapy for this injury. The California Medical Treatment Utilization Schedule recommends up to 12 visits of physical therapy in the postsurgical management of a meniscectomy. The clinical documentation submitted for review failed to document the number of visits that the patient previously underwent. Additionally, as there are

no pain complaints and no range of motion limitations, the need for additional physical therapy is not clearly established. As such, the requested physical therapy 2 times a week for 4 weeks for the right knee is not medically necessary or appropriate.