

Case Number:	CM13-0046480		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2010
Decision Date:	03/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 claimant underwent a right knee arthroscopy on 08/05/13. The claimant had completed 12 postoperative physical therapy visits as of 09/30/13. Additional physical therapy was requested, 12 sessions (two times a week for six weeks) and a modification of the request was recommended on 10/09/13 allowing for 3 additional visits and a transition to a home exercise program. Examination findings were of right knee flexion 130 degrees and left of 140 degrees, no swelling right knee, and improved antalgia with gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13 and 16.

Decision rationale: CA MTUS guidelines allow for 12 postoperative therapy visits for meniscus surgery which was undertaken in this case on 8/05/13. The claimant completed these visits and authorization for an additional 3 visits was recommended on 10/09/12 representing a modification of the provider's request for 12 additional visits. The records in this case revealed that the claimant had good range of motion after completing the initial 12 postoperative therapy

visits and at that point there would not be a medical necessity for the additional 12 therapy visits as requested by the provider. The modification recommendation would have been appropriate however the total number of additional visits requested, 12 would not be considered as medically necessary.