

Case Number:	CM13-0051723		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2010
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 09/13/2010 due to a fall and reportedly sustained an injury to her right knee. After failure of conservative treatments, the patient ultimately underwent right knee meniscectomy, chondroplasty, and synovectomy. This was followed by 12 visits of physical therapy. The patient's most recent clinical evaluation revealed that the patient had range of motion described as 0 to 130 degrees with mild effusion. The patient's treatment plan included Orthovisc injections and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy post-operative 2 x wk x 6 wks: 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 Page(s): 24.

Decision rationale: The requested physical therapy is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends 12 postoperative physical therapy visits for this type of surgical intervention. The clinical documentation submitted for review does provide evidence that the patient participated in 12 postsurgical

physical therapy visits and met all long-term goals. It was also documented that the patient had been transitioned into a home exercise program. The clinical documentation submitted for review does not provide any evidence that the patient has failed to progress or maintain improvement levels with a home exercise program. Therefore, additional physical therapy would not be indicated. The requested additional 12 visits exceed Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested physical therapy is not medically necessary or appropriate.