

Case Number:	CM13-0054952		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2011
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 55-year-old male who reported an injury on 04/13/2011. The mechanism of injury was not submitted. The patient was diagnosed with hypertension, post-traumatic stress reaction, bilateral shoulder impingement with post-traumatic arthrosis, bilateral knee chondromalacia with possible right knee meniscal injury, status post right knee arthroscopy in 07/2013; cervical disease C5-6 with annular tear and degeneration; insomnia; gastroesophageal reflux disease and chronic pain syndrome. The clinical note dated 09/26/2013 stated the patient was 6 weeks postop right knee arthroscopic surgery. The patient rated his pain at 7/10. The patient also had some weakness to the legs. The documentation states the patient was not able to participate in postoperative physical therapy. The clinical note dated 10/25/2013 stated the patient was participating in right knee postoperative physiotherapy and is pending bilateral shoulder surgery. The patient reported that his knee continued to feel tight and weak. The treatment plan included continuation of medication, consideration of epidural steroid injections, and continuation of physical therapy.

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 (18 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS recommends postoperative physical therapy for a meniscal repair at 12 visits over 12 weeks. The patient was participating in physical therapy. The clinical documentation submitted for review does not support medical necessity. The documentation does not show the patient had completed the previous 12 certified physical therapy visits. Also, no objective clinical documentation was submitted for review indicating the patient's continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.