

Case Number:	CM13-0056044		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2009
Decision Date:	04/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 claimant is a 57 year old who sustained an injury to the right knee in a work related accident on August 11, 2009. The clinical records for review documented that following a course of conservative care, right knee arthroscopy with medial and lateral meniscectomies was performed on April 19, 2013. Documentation indicated that postoperatively the claimant attended 28 sessions of formal physical therapy as of October 11, 2013. The last clinical assessment for review in October 2013 showed a physical examination of full range of motion and diminished strength of 4+/5 with knee extension and hip abduction. Recommendation was made for continuation of physical therapy for twelve additional sessions. Additional clinical records for the claimant's right knee treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Physical Therapy Sessions for the right knee, 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the CA MTUS Post Surgical Rehabilitative 2009 Guidelines, continued physical therapy for 12 additional sessions cannot be recommended. According to the records provided for review, the claimant has undergone 28 sessions of physical therapy since the time of the April 2013 arthroscopy. The most recent clinical assessment for review documented full range of motion to the knee with continued strength deficit. Although the claimant continues to have a mild strength deficit, there is no documentation that this claimant would not be capable of transitioning to a home exercise program to continue working on gaining strength. At this point in rehabilitation, after 28 therapy sessions, the claimant should be well-versed in his independent home program. The additional 12 sessions of therapy exceed the CA MTUS Post-Surgical 2009 Guidelines and are not indicated.