

Case Number:	CM13-0057172		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2012
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on October 31, 2012. The mechanism of injury was not provided in the medical records. The injured worker reported bilateral knee pain. The injured worker was status post left knee surgery, on October 3, 2013, with some improvement to her left knee pain noted. The left knee was noted to have steri strips in place from surgery with no blood or discharge visualized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES, THREE TIMES PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the Post-Surgical Treatment Guidelines, meniscectomy is recommended at twelve visits over twelve weeks with post-surgical treatment period of six months. The documentation submitted for review indicated the injured worker had at least one postoperative physical therapy session with benefit. The injured worker was noted to have

improvement in regards to pain to the left knee. However, in the absence of details regarding the remaining physical therapy treatment, such as number of visits completed and measurable objective functional gains made throughout those physical therapy sessions, the request for additional physical therapy is not supported. As the documentation indicated the injured worker is status post left knee surgery, the request to the bilateral knees is not supported. Additionally, as the request for three times a week for six weeks exceeds the guideline recommendation of twelve visits, exceptional factors would be needed to warrant physical therapy that exceeds the guidelines. Given the above, the request for physical therapy three times a week for six weeks for the bilateral knees is non-certified. The request for physical therapy for the bilateral knees, three times per week for six weeks, is not medically necessary or appropriate.