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| Case Number: | CM13-0058318 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/13/2012 |
| Decision Date: | 04/16/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 43-year-old gentleman who injured his left knee in a work related accident on November 13, 2012. The clinical records provided for review included a follow-up report on June 24, 2013 that documented that the claimant was 2 ½ months post left knee arthroscopic procedure with continued complaints of pain. Examination was documented to show 2 to 130 degrees range of motion, healed wounds and tenderness to the left quadriceps but no warmth or instability. The claimant's diagnosis was status post sprain of the cruciate ligament with medial and lateral meniscal tearing. Recommendation was for continuation of formal physical therapy for twelve additional sessions to the knee. A review of the operative report dated April 5, 2013 noted that medial and lateral meniscectomies were performed with no other clinical findings noted surgically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks for the left knee: 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.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative 2009 Guidelines, continuation of physical therapy for 12 sessions in the postoperative setting would not be medically necessary. The claimant does not have any functional deficits on examination. The Post Surgical Guidelines recommend the role of up to twelve sessions of therapy over a twelve week period of time within the postsurgical window of six months. The timeframe from the operative intervention and absence of documentation of functional deficits would fail to support the request for additional physical therapy following the claimant's left knee surgical process.