

Case Number:	CM13-0061006		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2013
Decision Date:	08/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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:

This is a 38-year-old female who injured the left knee on 3/19/13. The records provided for review document that she underwent a left knee arthroscopy and meniscectomy on 10/14/13. The follow up progress report notes improvement following surgery with range of motion and strength but continued pain both anteriorly and posteriorly on palpation. The claimant was still utilizing a cane. The report documents those six physical therapy sessions were authorized in this individual's course of care. There is a current request for twelve additional sessions of physical therapy in the post-operative setting of the claimant's knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, twelve sessions of physical therapy cannot be recommended as medically necessary. The records indicate that this individual has already had six sessions of physical therapy to date. The Post Surgical Guidelines recommend up to twelve sessions of therapy in the post-operative setting. The request for an additional twelve sessions of therapy would exceed the standard guidelines.

There is no documentation to indicate that this claimant would be an exception to the standard Post Surgical Guidelines and therefore, the request is not recommended as medically necessary.