

Case Number:	CM13-0061288		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2011
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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 59 year old man who sustained a work related injury on April 4 2011. Subsequently, he developed left knee pain and underwent left knee surgery on May 24 2013. According to the note dated September 3 2013, the patient was complaining of left knee pain with reduced range of motion. He completed 25 sessions of physical therapy and was authorized for additional 9 physical therapy sessions on the note of October 31 2013. The provider requested authorization for additional 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee post-op additional physical therapy 2x/week #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS Postsurgical Treatment Guidelines, "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy." The patient underwent more than 25 sessions of physical therapy, which is more than the maximum number of sessions approved by the MTUS Postsurgical Guidelines. There is no documentation about the rationale for the request of more physical therapy sessions. There is no documentation of specific

goals and objectives for the additional sessions of physical therapy. Therefore, the request for left knee post op physical therapy x12 is not medically necessary and appropriate.