

Case Number:	CM13-0062817		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2011
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 40-year-old claimant has a date of injury of June 2, 2011. He has been treated for a right knee problem and is status post right knee arthroscopy with partial medial meniscectomy performed in September of 2013. The claimant has completed twelve postoperative physical therapy visits and additional therapy for the right knee three times a week for four weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE RIGHT KNEE, THREE TIMES PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-Surgical Treatment Guidelines support twelve therapy visits over twelve weeks following a meniscal repair. The medical records document that the claimant has already completed 12 therapy sessions. The request for additional physical therapy to the right knww, three times per week for four weeks is not medically necessary or appropriate.