

Case Number:	CM13-0064300		
Date Assigned:	01/03/2014	Date of Injury:	09/24/2010
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice, 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 patient is a 41-year-old female who reported an injury on 09/24/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with chronic pain syndrome, lumbar herniated degenerative disc, lumbar spondylolisthesis, status post surgery to the right knee ACL, left shoulder internal derangement, and insomnia. The patient was evaluated on 11/04/2013. Physical examination revealed an antalgic gait, weakness, positive crepitus, and diminished range of motion. Treatment recommendations included continuation of postoperative physical therapy for the right knee twice per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; ten (10) sessions (2x5) for right 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 Page(s): 24-25.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The patient is status post right

knee arthroscopy with meniscectomy, synovectomy, lysis of adhesions, debridement of the Anterior Cruciate Ligament (ACL), and shaving of the articular cartilage. Postsurgical treatment following sprains and strains of the ACL includes 24 visits over 16 weeks. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for an additional 10 sessions of physical therapy exceeds guideline recommendations. The patient has completed an unknown amount of physical therapy to date. Documentation of the previous course of therapy was not provided. Without evidence of objective functional improvement, the current request cannot be determined as medically appropriate. As such, the request is non-certified.