

Case Number:	CM13-0065585		
Date Assigned:	01/08/2014	Date of Injury:	06/17/2013
Decision Date:	05/27/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 was injured on June 17, 2013. Records indicate a left knee injury that was initially treated conservatively. Following a course of conservative measures, operative intervention occurred in the form of a left knee arthroscopy, debridement, partial medial meniscectomy and a tricompartmental chondroplasty. Surgery took place on September 27, 2013. A follow-up report of November 4, 2013 indicates the claimant had been attending physical therapy with 0 to 120 degrees range of motion, well healed incision, tenderness over the medial joint line and 4/5 strength. Recommendations at that time were for continuation of an unloader brace, formal physical therapy and activity restrictions. At present, this individual is documented to have undertaken six sessions of physical therapy as of the November 4, 2013 progress report. There is currently a request for twelve additional sessions of physical therapy for the claimant's left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This individual has already undergone six documented sessions of therapy with twelve additional therapy sessions being recommended. The specific request would exceed Guideline criteria that would not recommend the role of more than twelve sessions over a twelve week period of time. Therefore, the request is not medically necessary and appropriate.