

Case Number:	CM13-0066073		
Date Assigned:	05/07/2014	Date of Injury:	10/29/2013
Decision Date:	06/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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:

Injured worker is a 40 year old female with date of injury 10/30/12. Report that patient is status post knee arthroscopy 6/11/13 with posterior horn medial meniscus resection. As reported in records of 12 visits of physical therapy. Exam note 8/6/13 demonstrates motion noted to be 0-135 degrees with good progress noted regarding strength and decrease in pain. Exam note 9/3/13 demonstrates right knee anteromedial joint line tenderness with range of motion 0-120 degrees. Patellofemoral joint demonstrates crepitus during range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X6 FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, KNEE, PAGE 25

Decision rationale: Per the CA MTUS Post surgical guidelines, Knee page 25, 12 visits are authorized over 12 weeks following the knee arthroscopy performed on 6/11/13. Recommendation is to transition to a self supervised home program. The cited records above do

not demonstrate medical necessity for additional therapy visits. Therefore the request is not medically necessary.