

Case Number:	CM13-0066305		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2013
Decision Date:	05/13/2014	UR Denial Date:	11/11/2013
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 Physical Medicine & Rehabilitation 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 51 year-old patient sustained an injury on 5/13/13 while employed by [REDACTED]. Request under consideration include PT X 6 SESSIONS FOR LEFT KNEE. The patient is s/p knee arthroscopy on 10/1/13 for medial meniscal tear and s/p right shoulder arthroscopy. Current medications include Vicodin. Report of 10/31/13 from the provider noted the patient with left knee pain rated at 6/10. Exam showed small effusion and swelling of the left knee; some difficulty with flexion and extension; sensation is intact. The patient has completed 6 of the 12 PT sessions as of 11/6/13. Request was for an additional 6 visits of physical therapy which was non-certified on 11/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 6 SESSIONS FOR LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: This 51 year-old patient sustained an injury on 5/13/13 while employed by [REDACTED]. Request under consideration include PT x 6 sessions for left knee. The patient is s/p knee arthroscopy on 10/1/13 for medial meniscal tear and s/p right shoulder arthroscopy. Current

medications include Vicodin. Report of 10/31/13 from the provider noted the patient with left knee pain rated at 6/10. Exam showed small effusion and swelling of the left knee; some difficulty with flexion and extension; sensation is intact. The patient has completed 6 of the 12 PT sessions as of 11/6/13. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient has completed 6 of the 12 certified visits and the arthroscopy is now over 7 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The PT x 6 sessions for left knee is not medically necessary and appropriate.