

Case Number:	CM13-0068625		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2008
Decision Date:	05/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Texas. 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 injured worker is a 57 year old male who reported an injury on 05/28/2008 secondary to unknown mechanism of injury. The diagnosis is status post knee arthroplasty with meniscectomy. The injured worker was evaluated on 10/11/2013 for status post right knee arthroplasty with meniscectomy follow up. The exam noted the injured worker was doing well after the surgery and the treatment plan included beginning physical therapy 2 times a week for 4 weeks for strengthening. There is evidence of more recent evaluation on 11/07/2013 in the previous paperwork reporting the injured worker was to continue physical therapy. There is also evidence of an evaluation on 11/13/2013 stating the injured worker had received 6 physical therapy visits and was doing very well. There is no request for authorization in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2X WEEK X 4 WEEKS RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for post op physical therapy 2x week x 4 weeks right knee is not medically necessary. The California MTUS Post-Surgical Treatment Guidelines recommend 12 physical therapy visits over 12 weeks for post surgical meniscectomy treatment with a trial period of 6 visits. The documentation provided indicated a total of six visits have already occurred. The request for a total of eight visits exceeds the maximum number of visits allowed per the guidelines. Therefore, the request is not medically necessary.