

Case Number:	CM13-0070857		
Date Assigned:	01/08/2014	Date of Injury:	05/01/2013
Decision Date:	04/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial crush injury of May 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, knee meniscectomy and synovectomy procedure; 12 sessions of physical therapy through December 3, 2013; and extensive periods of time off of work. In a Utilization Review Report of December 20, 2013, the claims administrator partially certified a request for six additional sessions of physical therapy as three additional sessions of physical therapy. The applicant's attorney subsequently appealed. Specifically reviewed is an operative report of September 09, 2013, in which the applicant in fact underwent a partial medial meniscectomy and a partial lateral meniscectomy as well as a chondroplasty and a synovectomy. A physical therapy progress note of December 3, 2013 is notable for comments that the applicant has less pain with sitting and standing. The applicant is able to use a recumbent bike in the clinic setting and exhibits 130 degrees of motion with strength score as demonstrating mild weakness. Additional physical therapy is sought. No recent medical progress notes were attached to the request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy, 2 times a week for 3 weeks for right knee per RX dated 11/26/13
Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant had already had prior treatment (12 sessions), seemingly compatible with the 12-session course recommended in MTUS 9792.24.3 following the meniscectomy surgery which took place here. As noted in MTUS 9792.24.3.c.4, the frequency of therapy should be gradually reduced or discontinued as the applicant gains independence in management of symptoms and with achievement of functional goals. In this case, information on file seemingly suggests that the applicant possessed normal gait, near normal strength, normal ankle range of motion, is able to use a stationary bike independently in the clinic setting, etc., on and around the date of the request for additional treatment. The applicant appeared to be capable of transitioning to a home exercise program and/or return to regular duty work without a need for further formal physical therapy. It is further noted that the request for authorization for treatment appears to have been initiated by the treating therapist without an intervening office visit with the attending provider. Therefore, the request is not certified, on Independent Medical Review.