

Case Number:	CM14-0001630		
Date Assigned:	01/22/2014	Date of Injury:	02/06/2012
Decision Date:	06/09/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/06/2014

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 27 year old female who reported an injury on 02/06/2012, due to a fall. The clinical note dated 12/09/2013 reported diagnoses of joint pain and a tear of the lateral meniscus to the right knee. The injured worker had a right knee lateral meniscectomy dated 08/13/2013. The request for authorization form was not included with this review. The provider recommended post-operative physical therapy 2 times a week for six weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 WEEKS, FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS recommend 12 visits of physical therapy over 12 weeks postoperatively. The guidelines recommend a postsurgical physical medicine treatment period of 4 months. There was lack of an accurate and complete assessment of the injured workers functional deficits and the goal of the physical therapy treatment was unclear. The guidelines allow for up to 12 visits of post-operative physical therapy, and there is documentation of 6 prior visits. The request for 12 additional physical therapy visits exceeds the

guideline recommendation. Additionally, the efficacy of the prior treatment was unclear. Therefore, the request is not medically necessary.