

Case Number:	CM14-0007067		
Date Assigned:	02/07/2014	Date of Injury:	11/06/2012
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/18/2014

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 has a subspecialty in Hand 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:

The claimant sustained an injury to the right knee in a work related accident on 11/06/12. The records provided for review indicate that following a course of conservative care, the claimant underwent a right knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, and debridement on 11/15/13. Postoperative clinical records indicate twelve prior postoperative physical therapy sessions between 12/05/13 and 1/03/14. At the last therapy assessment, the claimant was utilizing a bicycle, an H-Wave device, and ultrasound treatment. Postoperative visit from 12/19/13 showed no signs of infection and improved range of motion about the knee. There is currently a request for twelve additional sessions of formal physical therapy in the postoperative setting of this individual's knee arthroscopy and meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST OPERATIVE PHYSICAL THERAPY FOR 12 SESSIONS 3 TIMES WEEK FOR 4 WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California's Postsurgical Rehabilitative Guidelines, twelve additional sessions of physical therapy for the claimant's knee would not be indicated. Postoperative documentation includes at least twelve sessions of prior physical therapy between December and January 2014. The Postsurgical Guidelines recommend up to twelve sessions over twelve weeks. An additional twelve sessions of therapy would exceed the guideline. There is no documentation to indicate that the claimant would be an exception to the standard treatment guidelines. Therefore, the request for outpatient post operative physical therapy for 12 sessions 3 times a week for 4 weeks for the right knee is not medically necessary and appropriate.