

<b>Case Number:</b>	CM14-0008668		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 38 year-old female who was injured on 7/31/13. She was diagnosed with lumbar sprain and knee sprain and underwent partial medial meniscectomy on her right knee on 10/28/13. According to the 12/16/13 PT note, she is on her thirty-fourth (34th) PT session having completed 33 visits total, or 5 of 6 visits from the 11/20/13 prescription. On 12/18/13 UR reviewed the 12/11/13 report and recommended non-certification for PT 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2X3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient underwent right knee partial meniscectomy on 10/28/13. She had 34 sessions of postsurgical PT through 12/16/13. I have been asked to review for additional PT 2x3 within the postsurgical physical medicine treatment timeframe. The 12/16/13 PT notes states most of the patient's goals have been met between 11/11/13 and 12/4/13. A new goal was set to be able to push/pull 50 lbs. MTUS guidelines state the general course of care for

postsurgical PT for meniscectomy is 24 sessions. MTUS also states: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this case, there is no mention of further improvement in activities of daily living (ADLs), reduction in work restrictions or reduced dependency on continued medical treatment. There is no documentation of additional functional improvement. MTUS states: " In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." MTUS requires discontinuation of treatment when functional improvement is not documented. The request is not medically necessary and appropriate.