

Case Number:	CM14-0008874		
Date Assigned:	02/14/2014	Date of Injury:	03/01/2005
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 injured worker is a 67 year old female status post left knee arthroscopy on 12/18/13. The date of injury is reported as March 01, 2005. The diagnosis is listed as tear of meniscus of knee. A progress noted dated November 06, 2013 shows the injured worker's left knee tested positive for McMurray's. Crepitus was also noted. A utilization determination dated November 14, 2013 approved eight aquatic therapy visits good through November of 2014. Physical therapy for the left knee x 12 visits was previously non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT FOR LEFT KNEE X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As per California Medical Treatment Utilization Schedule (CAMTUS) guidelines, physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued therapy depends on the patient's progress in the objective

measurements (i.e. pain level, range of motion, strength and functional improvements). However, there is limited information as to the objective measurements in the submitted medical records. Furthermore, the patient should have been transitioned to home exercise program by now. Therefore, the medical necessity of the requested twelve physical therapy visits cannot be established at this time.