

Case Number:	CM14-0009222		
Date Assigned:	02/14/2014	Date of Injury:	06/05/2013
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a female patient with the date of injury of June 5, 2013. A utilization review determination dated January 8, 2014 recommends modification for four physical therapy sessions (twice weekly for two weeks). The previous reviewing physician recommended modification for four physical therapy sessions (twice weekly for two weeks) due to the patient having already undergone eight physical therapy sessions which in addition to the eight additional physical therapy sessions would Official Disability Guidelines recommendations. A PR-2 report dated October 21, 2013 identifies Subjective Complaints of pain in right knee. She had undergone right knee surgery on October 4, 2013. Objective Findings identify limited range of motion with flexion of 110 degrees. Extension was normal at 0 degrees. There was tenderness to palpation noted over the medial and lateral joint line. Diagnoses identify status post right knee arthroscopy, debridement of meniscus tear. Treatment Plan identifies get the patient scheduled for postoperative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS (2 TIMES A WEEK FOR 4 WEEKS):

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 Page(s): 24.

Decision rationale: Regarding the request for eight (8) physical therapy sessions (2 times a week for 4 weeks), the Post-Surgical Treatment Guidelines recommend up to twelve total physical therapy sessions after meniscectomy, with half that amount recommended initially. Within the medical information made available for review, the patient is noted to have undergone eight previous physical therapy sessions. The Guidelines recommend up to twelve total postoperative physical therapy sessions for the surgical procedure the patient underwent. The currently requested number would exceed the maximum number recommended by guidelines for this patient's diagnosis. Unfortunately, there is no provision to modify the current request. The request for physical therapy, twice weekly for four weeks, is not medically necessary or appropriate.