

Case Number:	CM14-0010848		
Date Assigned:	02/21/2014	Date of Injury:	04/19/2011
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 California, Oklahoma, Tennessee, and 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 49-year-old who sustained an injury to her right knee on April 19, 2011 when she was trying to prevent a large container of bleach from falling. The injured worker was diagnosed with a right knee posterior horn meniscal tear and subsequently underwent partial medial meniscectomy and chondroplasty of the medial femoral condyle, medial/lateral tibial plateau on July 29, 2013. It was noted that the injured worker underwent an unspecified amount of postoperative physical therapy treatment. Physical examination noted well-healed arthroscopic portals; range of motion 0 to 120°; mild swelling in the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1X WEEK FOR 6 WEEKS - RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, , 2-3

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The previous request was denied on the basis that that the injured worker had already completed an unspecified amount of postoperative physical therapy; therefore, an

additional two visits were approved at one visit per week times two weeks to transition the injured worker into a home exercise program. There was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy one times a week times six weeks for the right knee has not been established based on Post-Surgical Treatment Guidelines. The request for physical therapy for the right knee, once weekly for six weeks, is not medically necessary or appropriate.