

Case Number:	CM14-0013593		
Date Assigned:	02/26/2014	Date of Injury:	07/31/2012
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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:

28 year old claimant with industrial injury reported as 7/31/12. Injury was a twisting injury to the knee. Claimant status post left knee arthroscopy on 9/3/13. Claimant underwent postoperative physical therapy. Exam note on 12/26/13 demonstrates report of persistent left knee pain graded as 4/10. Request for 4 additional postoperative physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL POST OP PT (1) TIMES A WEEK TIMES (4) WEEKS TO LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines page 25, following knee arthroscopy for meniscal pathology, Postsurgical treatment: 12 visits over 12 weeks
*Postsurgical physical medicine treatment period: 4 months Review of the records demonstrates the claimant has had 14 visits postoperatively. There is no indication for further visits in the

records from 12/26/13 as the amount has exceeded the guidelines. Therefore determination is for non-certification.