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| Case Number: | CM14-0013671 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 05/15/2013 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/07/2014 |
| 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:

The patient is a 60-year-old male who was injured on 5/15/13. The clinical records for review in include an operative report dated 1/16/14. It states that the claimant underwent a right knee arthroscopy with partial medial meniscectomy and chondroplasty to the patella. The surgical process was consistent with the claimant's preoperative clinical assessment, including MRI scan. The specific clinical request in this case is for post-operative physical therapy to the claimant's right knee for an unspecified frequency and duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY TO THE RIGHT KNEE OF AN UNSPECIFIED FREQUENCY AND DURATION: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS PostSurgical Treatment Guidelines, physical therapy for the right knee for an unspecified frequency and duration is not supported. This request was in addition to twelve sessions of physical therapy that have already been approved. The need for this request, given its vague specifics and documentation of approval of twelve

sessions of physical therapy to date, would not be indicated. As such, the request is not medically necessary.