

Case Number:	CM14-0120377		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2013
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 claimant is a 56-year-old female who injured the right lower extremity on 09/08/13 as a result of cumulative trauma while performing her customary job duties. Medical records provided for review specific to the right knee document that the claimant failed to improve with conservative treatment and the recommendation for knee arthroscopy and debridement based on the MRI findings of 11/12/13 was made. There is a current request for 12 initial sessions of postoperative physical therapy in direct relationship to the claimant's right knee arthroscopic procedure that is to take place.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Post-Operative Physical therapy 2 times a week for 6 weeks, right knee:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy would be indicated. Following arthroscopic intervention to the knee, the Postsurgical Guidelines would support the role of the up to 12 sessions of physical

therapy in the postoperative setting. Given the initial postsurgical request in this case of 12 sessions of therapy, the request would satisfy guideline criteria and would be supported.