

Case Number:	CM14-0124986		
Date Assigned:	08/11/2014	Date of Injury:	06/04/2012
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male with a work injury dated 6/4/12 when he fell over something at work and landed on his hand and knees and injured his back. The diagnoses include shoulder sprain, lumbosacral neuritis, medial meniscal tear, sprain of the back, chondromalacia patella, lumbosacral disc degeneration. He is status post a 4/22/14 left knee arthroscopy, partial medial meniscectomy, and chondroplasty. Under consideration is a request for post-operative physical therapy 3 times a week for 4 weeks to the left knee. A 7/29/14 PR-2 document states that the patient complains of moderate right knee pain. On exam the left knee range of motion is 0-120 degrees flexion. The patient has no left knee laxity, effusion. He is advised to continue his physical therapy. As of 5/20/14 the patient completed 12 post-op physical therapy visits. He was authorized another 12 and as of 7/8/14 has completed 22/24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times a week for 4 weeks to the left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Post-Operative Physical Therapy 3 times a week for 4 weeks to the left Knee is not medically necessary. The documentation indicates that the patient was authorized 24 sessions. The physical exam does not reveal findings that would warrant an additional 12 supervised therapy sessions. The MTUS Post-Surgical guidelines recommend up to 12 postoperative physical therapy visits for this condition. The MTUS guidelines encourage independence towards a self-directed home exercise program. The patient should be well versed in a home exercise program. The request for Post-Operative Physical Therapy 3 times a week for 4 weeks to the left Knee is not medically necessary.