

Case Number:	CM14-0150935		
Date Assigned:	09/19/2014	Date of Injury:	06/14/2011
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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:

This is a 44-year-old gentleman who was injured in a work-related accident on 06/14/11. The medical records provided for review revealed that the claimant has continued left knee pain with buckling and has been utilizing a brace with minimal benefit. The progress report dated 08/07/14 recommended left knee arthroscopy with partial medial meniscectomy and high tibial osteotomy. The Utilization Review determination dated 08/20/14 did not recommend authorization for the surgery. In direct relationship to the claimant's surgery, this review is for the request for an initial twelve sessions of physical therapy for postoperative treatment and reconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post operative physical therapy three times a week times four weeks to left knee, as an outpatient for the pending surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy as written on a prescription dated

08/14/14 is not recommended as medically necessary. While the Postsurgical Guidelines usually recommend up to twelve sessions of physical therapy over a twelve week period, in this case the claimant's surgery has not been authorized. Therefore, the request for postoperative physical therapy is not recommended as medically necessary.