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| Case Number: | CM14-0152966 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 09/19/2009 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 43-year-old female who was injured on 09/19/09. The records provided for review specific to the claimant's left knee documented that on 07/18/14, the claimant underwent left knee arthroscopy and partial lateral meniscectomy. The surgical request has been approved through the Utilization Review process. The recommendation was also made for an initial twelve sessions of postoperative physical therapy. This review is for the claimant's initial postoperative physical therapy for twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy, QTY: 12 sessions: 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 Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy is recommended as medically necessary. The Postsurgical Guidelines recommend up to twelve sessions of physical therapy in the initial postoperative time frame. Therefore, the request is medically necessary.