

Case Number:	CM14-0158617		
Date Assigned:	10/02/2014	Date of Injury:	10/08/2008
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 55 year old gentleman who injured his left knee in a work related accident on 10/08/08. The clinical records provided for review documented that the claimant underwent left knee arthroscopy and manipulation under anesthesia on 03/26/14. The postoperative clinical visit dated 05/30/14 noted that the claimant was still utilizing a cane and physical examination showed mild tenderness and limited motion from zero to 115 degrees. The recommendation at that time was for a series of viscosupplementation injections because of underlying degenerative changes. The report documented that the claimant initially was to be treated with physical therapy, but did not attend; the reason for nonattendance was not documented. The claimant was authorized to have six sessions of physical therapy as of the 08/29/14 Utilization Review process. This review is for the request for twelve additional sessions of physical therapy for the left knee in direct relationship to the March 2014 arthroscopy and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to the left knee: Upheld

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 Post Surgical Rehabilitative Guidelines, twelve additional sessions of physical therapy would not be indicated. The Post Surgical Rehabilitation Guideline treatment window following manipulation under anesthesia is "six months" and can consist of twenty sessions of therapy over the initial four months following procedure. The claimant is now greater than six months following surgery with clinical assessment noting range of motion to greater than 115 degrees and six additional sessions of physical therapy were recently authorized. Based on the claimant's physical findings, an additional twelve sessions of physical therapy for this individual's post surgical course of care cannot be supported as medically necessary.