

Case Number:	CM14-0165171		
Date Assigned:	10/10/2014	Date of Injury:	10/02/2012
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

According to the records made available for review, this is a 43-year-old male with a 10/02/12 date of injury, and medial and lateral partial meniscectomy on 5/14/14. At the time (9/4/14) of Decision for Physical Therapy x6 to the bilateral knees, there is documentation of subjective (bilateral knee pain) and objective (shuffling gait, mild effusion and tenderness to palpation along the lateral joint line of the left knee, tenderness to palpitation along the medial joint line of the right knee, decreased range of motion of the bilateral knees, and crepitation) findings, current diagnoses (derangement posterior horn medial meniscus), and treatment to date (9 post-op physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 to the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the

initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis derangement posterior horn medial meniscus. However, given that the requested 6 additional physical therapy treatments, in addition to the 9 previous treatments already completed, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy x6 to the bilateral knees is not medically necessary.