

Case Number:	CM14-0020647		
Date Assigned:	04/30/2014	Date of Injury:	02/17/2013
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56-year-old female with date of injury of 02/17/2013. Per treating physician's report, 01/10/2014, the patient presents with left knee pain at an intensity of 7/10 with dull pain and numbness around the left knee. The patient is status post arthroscopic repair with lateral meniscectomy of the left knee. Request was for authorization for postoperative physical therapy for the left knee 3 times a week for 4 weeks. The 01/06/2014 report states that the patient is seen for initial postoperative exam of the left knee still experiencing some pain and swelling, pain at 6/10. The patient is S/P left knee arthroscopic exam from 12/23/2013. Request was for an extension of postop physical therapy 3 times a week for 4 weeks to regain strength and mobility. The request was modified to 6 sessions at 3 times a week per utilization review letter 01/24/2014 and the rationale was that the patient was to start with 6 therapy and evaluate the patient after that.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE COMPLAINTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee (post-surgical) Page(s): 24,25.

Decision rationale: This patient is S/P left knee arthroscopic surgery from 12/23/2013. The request is for postoperative therapy 3 times a week for 4 weeks. Request was modified to 6 sessions by utilization reviewer. Review of the postoperative reports show that the patient is S/P knee surgery on 12/23/2013 and was evaluated on 01/06/2014 and 01/10/2014, and it does not appear that the patient has any physical therapy yet. MTUS Guidelines support up to 12 sessions of postop physical therapy for meniscectomy. The request for 12 sessions is appropriate and consistent with MTUS Guidelines for postoperative rehabilitation treatments. The request is not medically necessary and appropriate.