

Case Number:	CM14-0021946		
Date Assigned:	05/09/2014	Date of Injury:	05/16/2002
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 60-year-old female who was injured on 5/6/02 when she fell down a flight of stairs after her left knee gave way. The records provided for review to relate to her left knee note that the claimant underwent surgery on 10/1/13 for left knee arthroscopy, tricompartmental chondroplasty, partial medial and lateral meniscectomy, and synovectomy. Post-operatively, the claimant attended a significant course of formal physical therapy. A follow up clinical visit dated 12/12/13 notes continued complaints of pain and swelling in the left knee with continued use of a cane. A brace was provided on that date and the recommendation was made for continuation of formal physical therapy for eight additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS OF PHYSICAL THERAPY (PT) FOR 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, eight additional sessions of physical therapy for the left knee would not be supported. This individual has already exceeded the Postsurgical Guidelines that recommend up to twelve sessions of physical therapy in the post-operative setting after surgery. The medical records do not identify

why the claimant would not be capable of transitioning to a home exercise program as a result of the surgery in October 2013. There is no documentation of objective findings on examination or imaging studies to support the need for formal physical therapy at this time. The request for 8 Visits of Physical Therapy (PT) for the Left Knee is not medically necessary.