

Case Number:	CM14-0022461		
Date Assigned:	05/09/2014	Date of Injury:	05/27/2013
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 27, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an earlier knee surgery; a knee brace; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated, January 22, 2014, the claims administrator denied a request for six sessions of physical therapy, citing postsurgical treatment guidelines in section 9792.24.3. The claims administrator apparently denied the request on the grounds that the applicant had not had the meniscectomy surgery in question, somewhat incongruously then; the postsurgical treatment guidelines were nevertheless cited. A survey of the records reviewed that the applicant apparently underwent a right knee arthroscopy, chondroplasty, and injection on February 21, 2014. On December 18, 2013, the applicant's attending provider noted that the applicant has ongoing complaints of knee pain, which had proven recalcitrant to physical therapy, NSAIDs, and bracing. Authorization was sought for right knee operative arthroscopy, crutches and six sessions of postoperative physical therapy. Naprosyn and tramadol were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS RIGHT KNEE:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE AND LEG TREATMENT.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the postsurgical treatment guidelines in section 9792.24.3, general course of 12 sessions of physical therapy are recommended following meniscectomy procedure, such as that which transpired here. As noted in section 9792.24.3.A2, an initial course of therapy means one half of the general course of therapy for the surgery in question. In this case then, one half of 12 sessions, then, represented a total of six sessions. The six session course of postoperative therapy purposed by the attending provider, then, did conform the California Medical Treatment Utilization Schedule (MTUS) parameters. The request, accordingly, was medically necessary.