

Case Number:	CM14-0025814		
Date Assigned:	06/13/2014	Date of Injury:	06/25/2009
Decision Date:	08/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The underlying date of injury in this case is 06/25/2009. The patient's diagnosis is status post arthroscopic surgery to the left knee on 10/25/2013. Specifically, the patient is status post elective chondroplasty and lateral partial meniscectomy of 10/25/2013. Subsequently the patient completed at least 24 postoperative physical therapy visits. On 12/04/2013, the patient achieved active range of motion of -3 degrees extension actively or -1 degree extension passively. The patient has a past remote history of an anterior cruciate ligament reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Chapter 24.3.

Decision rationale: The MTUS Guidelines recommends up to 12 physical therapy sessions with regard to the patient's history of meniscus surgery to the knee. The current request substantially exceeds this guideline. The medical records do not provide a rationale, however, as to how this proposed additional treatment would be indicated or more effective as opposed to an independent

home rehabilitation program. At this time, this request is not supported by the MTUS Guidelines. Therefore, the request is not medically necessary and appropriate.