

Case Number:	CM14-0037751		
Date Assigned:	06/11/2014	Date of Injury:	06/18/2013
Decision Date:	07/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/29/2014

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 Illinois. 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 injured worker is a 53-year-old male who reported an injury in June 2013. The mechanism of injury was not provided. The clinical note dated 06/13/2014 noted that the injured worker presented as status post right knee arthroscopic partial medial and lateral meniscectomies dated 01/14/2014. Upon examination of the knee, there was a well-healed incision without erythema, drainage or signs of infection. The range of motion value was 0/0/130, with a quad weakness at 4/5. The diagnoses were right medial and lateral meniscus tears, status post right knee partial medial and lateral meniscectomies on 01/14/2014, as well as right quad weakness and mild atrophy. Prior therapies included surgery, therapy and medications. The Request for Authorization was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task for exercise. The guidelines recommend 12 visits over 12 weeks for postsurgical physical medicine treatment for a period of 6 months. As of 01/14/2014, the injured worker status is post right knee, partial medial and lateral meniscectomy. The injured worker has completed at least 12 physical therapy visits. The request for 12 additional physical therapy visits exceeds the recommendations of the guidelines. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. As such, the request for additional physical therapy is not medically necessary.