

Case Number:	CM14-0060302		
Date Assigned:	07/09/2014	Date of Injury:	05/15/2012
Decision Date:	09/18/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Practice 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 claimant is a 65 year old female who sustained a cumulative work injury from 1/1/04 to 5/9/12 involving the right knee, neck, left ankle and right wrist. She was diagnosed with a right knee lateral and medial meniscal tear, right quadriceps tendonitis, cervical spine strain, cervical spine strain, right wrist strain, lumbar strain, left ankle pain and medial collateral tendonitis. She underwent a right knee arthroscopic surgery in December 2013. She initiated therapy 3 times a week for 6 weeks post-operatively. A progress note on 3/14/14 indicated the claimant had left knee and ankle pain. Exam findings were notable for left ankle tenderness. The treating physician recommended additional 18 sessions of therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy to treat the right knee two to three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain.

Decision rationale: According to the MTUS and ACOEM guidelines, therapy is to be completed in a fading frequency and transitioned to home. Most visits are limited to 10 sessions over 8 weeks. According to the Official Disability Guidelines, post-surgical therapy is limited to 24 visits over 10 weeks. Based on the prior 18 completed sessions, an additional 18 requested over a total of 12 weeks (6 weeks prior + 6 additional weeks), is not medically necessary.