

Case Number:	CM14-0065421		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2012
Decision Date:	09/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Arizona. 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 patient is a 57 year-old female with a date of injury of 5/16/2012. The patient is status post left knee arthroscopic surgery on 1/30/2014. Subjective complaints are increased pain and swelling and a burning sensation in the left upper thigh. Physical exam shows prepatellar fat pad swelling, slight thigh atrophy, and range of motion 0-135 degrees with subpatellar crepitus. Medications include Meloxicam, Norco, Soma, and Voltaren Gel. Request is for 12 postoperative Physical Therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy, post-operative, 2 times a week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy, Post-Surgical (Meniscectomy).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS post-surgical guidelines indicate that 12 visits over 12 weeks are recommended status post knee surgery for meniscectomy. Therefore, the request for 12 sessions of Physical Therapy is consistent with guideline recommendations, and is medically necessary.

