

Case Number:	CM14-0075606		
Date Assigned:	07/16/2014	Date of Injury:	07/23/2010
Decision Date:	08/26/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/23/10. A utilization review determination dated 4/24/14 recommends modification of PT from 12 sessions to 6 sessions. The patient underwent right knee partial lateral meniscectomy and synovectomy on 2/15/14 and 12 postoperative therapy sessions were authorized. 4/23/14 medical report identifies right knee pain and stiffness with occasional swelling. He is still awaiting authorization for Physical Therapy (PT), which is needed for strengthening and Range of Motion (ROM). No exam findings were noted. 12 sessions of PT were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post operative physical therapy, 12 sessions for right knee.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

Decision rationale: Regarding the request for outpatient additional postoperative physical therapy, 12 sessions for right knee, California MTUS supports up to 12 Physical Therapy (PT) sessions after meniscectomy. Within the documentation available for review, the patient is noted to have completed 12 PT sessions after surgery. The provider noted that PT was recommended

for strengthening and range of motion, but no specific weakness or ROM deficits were documented. As such, there is no clear rationale to support the medical necessity of physical therapy despite the recommendations of the CA MTUS, rather than transition to an independent home exercise program. In light of the above issues, the currently requested outpatient additional postoperative physical therapy, 12 sessions for right knee is not medically necessary and appropriate.