

Case Number:	CM14-0090746		
Date Assigned:	07/25/2014	Date of Injury:	03/13/2013
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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:

Patient is a 43-year old male with a date of injury on 3/13/2013. The patient is status post arthroscopic meniscectomy of the right knee on 11/11/2013. Subjective complaints are of pain in the right knee and right ankle. Physical exam shows tenderness over peripatellar area and over the medial joint line, quadriceps atrophy, and decreased range of motion. Patient had received postoperative physical therapy three times a week until 1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to right knee, continue x 9 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Lower leg.

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

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. CA MTUS postsurgical guidelines indicate that 12 physical therapy sessions over 12 weeks are recommended status post meniscal surgery. This patient has completed a postoperative course of physical therapy, and should have transitioned to a home exercise program. Therefore, the

request for 9 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.