

Case Number:	CM14-0203984		
Date Assigned:	12/16/2014	Date of Injury:	09/19/2013
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury of 9/19/13 being treated for left knee pain. He has been diagnosed with MRI evidence of medial meniscal tear. He remains on total disability. There is a plan for arthroscopic debridement and medial meniscectomy was carried out on 7/14/14. Several postoperative physical therapy notes are available for review. Requested has been made for 12 to 18 visits of physical therapy for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee x 12-18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: For the diagnosis of arthritis post surgical care MTUS guidelines indicates 24 visits of physical therapy over 10 weeks for 4 months. Since the date of surgery records indicate that the patient has received 15 visits of physical therapy for joint pain in the leg. 12

additional visits will exceed guidelines for postoperative physical therapy visits and is therefore not medically necessary.