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| Case Number: | CM14-0206142 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 04/16/2012 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 59 year old male with date of injury of 4/16/2012. A review of the medical records indicate that the patient is undergoing treatment for internal derangement of the both knees with medial meniscal tear of the left. Subjective complaints include bilateral knee pain. Objective findings include knees showing no effusion and there is no redness or erythema, and medial parapatellar areas painful to palpation; limited flexion but full extension. Treatment has included left knee arthroscopy, right knee arthroplasty, cyclobenzaprine, temazepam, and norco. The utilization review dated UR date non-certified partially-certified 24 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 Times a Week X 12 Weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: ODG and MTUS refer to the post-surgical knee as "Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated." The number of physical therapy sessions range from 12-24. MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." A reevaluation can be performed at this time to modify the treatment course. Post-surgical physical therapy is medically necessary, but a full course of 24 sessions is not, at this time, without documentation of the results from an initial trial. As such, the request for Post-Op Physical Therapy 2 Times a Week X 12 Weeks for the Left Knee is not medically necessary at this time.