

Case Number:	CM14-0206408		
Date Assigned:	12/18/2014	Date of Injury:	03/13/2014
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
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 Orthopedic Surgery 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:

According to the records made available for review, this is a 52-year-old female with a 3/13/14 date of injury, and arthroscopic right partial medial and partial right lateral meniscectomy on 9/10/14. At the time (10/21/14) of the request for authorization for physical therapy, right knee Qty: 12.00, there is documentation of subjective (right knee pain, swelling, and weakness) and objective (swelling over the medial joint line, tenderness to palpation is present over the medial greater than lateral joint lines greater than patellofemoral region, crepitus is present, flexion 100 degrees, extension 5 degrees, and grade 4/5 weakness in flexion and extension) findings, current diagnoses (post-traumatic right knee contusion and surgery 9/10/14), and treatment to date (physical therapy). The number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy sessions completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, right knee QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of post-traumatic right knee contusion and surgery 9/10/14. In addition, there is documentation of status post arthroscopic right partial medial and partial right lateral meniscectomy on 9/10/14. Furthermore, there is documentation of treatment with previous physical therapy. However, the number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy sessions completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy, right knee quantity 12 is not medically necessary.