

Case Number:	CM15-0149631		
Date Assigned:	08/12/2015	Date of Injury:	03/24/2014
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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 is a 51-year-old female who sustained an industrial injury on March 24, 2014 resulting in left knee pain. She was diagnosed with left knee internal derangement. Documented treatment has included left knee arthroscopic partial medial and lateral meniscectomy, 12 post-surgical physical therapy sessions, and medication. The injured worker continues to present with left knee pain, tenderness, and limited mobility. The treating physician's plan of care includes 6 additional physical therapy sessions for the left knee. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 x 3, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p left knee arthroscopic partial medial and lateral meniscectomy on 10/13/14 with 12 post-surgical physical therapy sessions completed. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for

arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is almost 11 months without documented functional limitations, post-operative complications, or co-morbidities to allow for additional physical therapy. There is no reported functional improvement from treatment visits already rendered and the patient should have been transitioned to an independent home exercise program. The Additional physical therapy, 2 x 3, left knee is not medically necessary and appropriate.