

Case Number:	CM15-0164556		
Date Assigned:	09/01/2015	Date of Injury:	09/18/2014
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 29 year old male with an industrial injury dated 09-18-2014. Her diagnoses included right meniscus knee-medial. Prior treatment included right knee meniscus surgery and physical therapy. There is a progress note dated 07-07-2015 that documents right knee surgery (03-16-2015). The note documents post op wound check as negative, sutures removed and area clean and dry. The provider documents instability continued in the right knee and physical therapy was helping the right knee. The treatment request is for 6 physical therapy sessions, 3 x/week for 2 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions, 3x/week for 2 weeks, Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24.

Decision rationale: Six physical therapy sessions, 3x/week for 2 weeks, right knee is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 postoperative

visits for this condition. The documentation indicates that the patient has completed postoperative therapy. The patient should be well versed in a home exercise program. There are no physical exam deficits noted in the documentation that would necessitate 6 more PT sessions for the right knee therefore this request is not medically necessary.