

Case Number:	CM15-0033931		
Date Assigned:	02/27/2015	Date of Injury:	10/30/2012
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 10/30/2012. The mechanism of injury was noted as a fall. The injured worker was diagnosed as status post left knee arthroscopy. Recent magnetic resonance imaging showed medial and lateral meniscus tear. Treatment included surgery, physical therapy and medication management. Currently, the injured worker is improving from recent surgery, but notes continued left knee pain. In a progress note dated 1/22/2015, the treating physician is requesting 12 additional sessions of physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2 times a week for 6 weeks to the left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for the requested physical therapy. The records indicate that the injured worker responded well to 12 post-surgical physical medicine visits. The MTUS recommends 12 post-surgical visits over 12 weeks for old bucket handle tear; Derangement of meniscus; loose body in knee; with a postsurgical treatment period of 4 months. The requested treatment exceeds the maximum allowed by the MTUS Guidelines. Therefore, the request is not medically necessary.