

Case Number:	CM15-0035697		
Date Assigned:	03/04/2015	Date of Injury:	07/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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: Orthopedic Surgery

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 49 year old man sustained an industrial injury on 7/8/2013. The mechanism of injury was not detailed. Current diagnoses include left knee strain, lumbosacral spine strain and contusion, left hip strain and contusion, and left ankle sprain. Treatment has included oral medications, surgical intervention, and post-operative physical therapy. Physician notes on a PR-2 dated 1/12/2015 show continued pain to the left knee, lumbar spine, left hip, and left ankle. Recommendations include continuing physical therapy as indicated in the request and continuing current medication regimen. On 2/9/2015, Utilization Review evaluated a prescription for 12 sessions of physical therapy for the left knee, that was submitted on 2/13/2015. The UR physician noted that the worker has exceeded the recommended amount of post-operative physical therapy sessions. However, there is documentation of a decrease strength and range of motion. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, two to three times weekly for four weeks: 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case, the exam note from 1/12/15 does not demonstrate any significant objective findings to warrant 12 further visits of PT. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the determination is for non-certification.