

Case Number:	CM14-0128309		
Date Assigned:	08/15/2014	Date of Injury:	07/02/2013
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The claimant is a 38-year-old gentleman who injured his left knee in a work related accident on 07/02/13. The medical records provided for review document that the claimant underwent a left knee arthroscopy, synovectomy, partial medial and lateral meniscectomy on 12/06/13. There are no medical records in the postoperative period for review; however, it was documented that the claimant's surgical process did take place. This review is for the initial request for physical therapy two times a week for 16 total sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee post-op initial physical therapy 2x/week for 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Post surgical Rehabilitative Guidelines physical therapy would not be indicated. The Post surgical Guidelines would support up to 12 sessions of therapy following an arthroscopic meniscectomy procedure. The requested 16 sessions would exceed the Post surgical Guidelines and would not

be supported at this time. The medical records do not contain any information to explain why this claimant would be an exception to the standard treatment guidelines.