

Case Number:	CM14-0134228		
Date Assigned:	08/25/2014	Date of Injury:	02/19/2009
Decision Date:	09/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 41 female who sustained a work related injury on 2-19-09. On this date, the claimant was walking out of her car and was on her way to her classroom, when she slipped and fell on both knees. This claimant is status post left knee surgery in 2009 and right knee arthroscopy on 2-15-13. The claimant has been provided with postop physical therapy x 12 sessions. Most recent office visit notes the claimant has continued with complaints of ongoing bilateral knee pain. She has been provided treatment in the form of medications and cortisone injections. Medical Records reflect there was a request for surgery which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 3xWk x 4 Wks right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - physical therapy.

Decision rationale: Post-Surgical Treatment Guidelines and ODG supports up to 12 postop physical therapy sessions. This claimant has had the recommended postop physical therapy post the 2013 arthroscopic surgery. Additional surgery has been requested, but has been denied.

Therefore, the medical necessity for postop physical therapy at this juncture is not reasonable or medically indicated. Therefore, this request is not medically necessary.