

Case Number:	CM14-0141464		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2011
Decision Date:	11/13/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 had an original date of injury of 7/9/2011. She had right knee multicompartement synovectomy and right and left meniscectomy 8 weeks prior to the request for physical therapy 2 x 6. She has received 11 session of physical therapy prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

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

Decision rationale: CA MTUS guidelines allow for 12 PT visits over 12 weeks after meniscectomy. In this case, 11 session have been provided and the requested 2 x 6 session would exceed the allowed guidelines for number of physical therapy visits. There is no submitted rationale for excess session. Physical therapy 2 x 6 is not medically necessary.