

Case Number:	CM14-0149695		
Date Assigned:	09/18/2014	Date of Injury:	03/07/2014
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date of 03/07/14. Based on 07/02/14 progress report provided by [REDACTED] the patient presents with left knee pain. He is status post medial meniscectomy on 05/14/14. Physical examination to the left knee reveals decreased range of motion with joint pain and swelling. Deep tendon reflexes are normal. Patient had 3 physical therapy sessions as of 07/02/14 and they are helping. Per physical therapy report dated 07/17/14, patient had 7 total post-op visits. Patient's medications include Vimovo, Norco, Cardiovas, Azor, and Omeprazole. Per progress report dated 05/27/14, patient is temporarily totally disabled. Diagnosis 07/02/14- acute medial meniscus tear of left knee- status post arthroscopic meniscectomy 05/14/14 [REDACTED] [REDACTED] is requesting physical therapy three times a week for four weeks for the left knee, quantity 12. The utilization review determination being challenged is dated 08/11/14. The rationale is "patient had 12 physical therapy sessions. 12 more are being requested. No updated information about rehab efforts, gains and progression." [REDACTED] is the requesting provider, and he provided treatment reports from 03/27/14 - 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left knee, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Post-Surgical Page(s): 24.25.

Decision rationale: The patient presents with acute left knee pain. The request is for physical therapy three times a week for four weeks for the left knee, quantity 12. Patient is status post arthroscopic meniscectomy 05/14/14. MTUS for post-surgical therapy guidelines support 12 sessions of therapy following meniscectomy. In this case, patient is still within postsurgical treatment period. Per physical therapy report dated 07/17/14, patient had 7 total post-op visits and according to UR letter, total of 12 sessions were already authorized. The current request for additional 12 sessions of therapy exceeds what is allowed by MTUS for this type of post-surgical therapy treatments. Recommendation is for denial.