

Case Number:	CM14-0164309		
Date Assigned:	10/09/2014	Date of Injury:	05/10/2014
Decision Date:	11/14/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This case involves a 47 year old with an injury date on 5/10/14. The patient complains of severe left knee pain per 8/27/14 report. The patient is using bilateral crutches and is not capable of walking due to severe pain, and complains of severe pain when doing physical therapy, per 8/27/14 report. Based on the 9/10/14 progress report, the diagnosis is status post left knee arthroscopy and partial medial meniscectomy from 7/31/14. The exam on 9/10/14 showed "patient able to bear full weight on left lower extremity now, using 1 crutch for backup. Left knee range of motion shows marked improvement since last visit, but still extremely limited." The treating doctor is requesting physical therapy 3 x 2 left knees. The utilization review determination being challenged is dated 9/18/14 and denies request citing 12 visits following meniscectomy. The treating doctor is the requesting provider and he provided treatment reports from 5/10/14 to 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week x 2 weeks left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with left knee pain and is status post left knee arthroscopy and partial medial meniscectomy from 7/31/14. The treating doctor has asked for physical therapy 3 x 2 left knee on 9/10/14. For meniscectomy, MTUS guidelines allow 12 visits of physical therapy over 12 weeks within 6 months of surgery. In this case, the patient has completed 8 visits per utilization review letter dated 9/18/14 report. Considering patient has completed 8 visits of physical therapy, a short course of 4 sessions would be reasonable. The requested 6 additional physical therapy visits for the left knee, however, exceed MTUS guidelines for this type of condition. Therefore, this request is not medically necessary.