

Case Number:	CM14-0164543		
Date Assigned:	10/09/2014	Date of Injury:	11/25/2013
Decision Date:	12/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Minnesota. 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 injured worker is a 54 year old female who tripped and injured her right knee on 11/25/2013. An MRI scan of 02/03/2014 revealed mild degenerative changes in the lateral compartment with a peripheral lateral meniscal tear, a meniscal cyst and bursitis of the lateral collateral ligament. The injured worker underwent arthroscopy of the right knee with partial lateral meniscectomy and chondroplasty of the lateral femoral condyle on 7/30/2014. She was certified for 12 physical therapy treatments post-operatively. The disputed request pertains to 8 additional physical therapy sessions. This was denied by UR as there was no documentation of continuing objective functional improvement. Progress notes of 09/04/2014 document 9/10 pain, slow improvement, and a valgus deformity. An unloader brace was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

Decision rationale: The post-operative physical medicine guidelines indicate a general course of therapy of 12 visits over 12 weeks and post-surgical physical medicine treatment period of 6

months .An initial course of therapy of 6 visits is prescribed first. If there is documented objective functional improvement a subsequent course of therapy of up to 6 visits is prescribed. If there is documented continuing objective functional improvement this may be further increased if it can be determined that further functional improvement is likely. Such is not the case here. There is no documentation of continuing objective functional improvement despite completion of 12 sessions. Transitional to a home exercise program is recommended at this time and the medical necessity of the request for 8 additional physical therapy sessions is not established per guidelines.