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| Case Number: | CM14-0093606 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 05/23/2011 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 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 injured worker is a 61-year-old female with a reported injury on 05/23/2011. The mechanism of injury was not listed in the records. The diagnoses included status post right knee surgery. The injured worker's past treatments included pain medication, physical therapy and surgical intervention. There were no diagnostic imaging studies provided for review. The surgical history included left knee meniscus repair on 03/11/2014. The subjective complaints on 05/20/2014 included back pain with radiation into lower extremities. She was also noted to have bilateral knee pain. The physical exam findings noted were the patient has positive straight leg raise bilaterally and tenderness noted in the lumbar area. The injured worker has antalgic gait and is walking with a cane. The current medications included Motrin and Omeprazole. The treatment plan was to continue physical therapy. A request was received for continued postoperative physical therapy to the left knee. The rationale for the request was not provided. The Request for Authorization was dated 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-op physical therapy (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.

Decision rationale: The request for continued postop physical therapy left knee is not medically necessary. The California Postsurgical Guidelines support up to 12 visits for surgical repair of the meniscus and continued visits are contingent upon submission of objective functional improvement. The injured worker is status post left knee meniscus repair. It is noted in the records that the injured worker did complete sessions of physical therapy and more are being requested. Physical therapy progress notes were submitted. However, there was a lack of documentation in regard to adequate functional progress. In the absence of objective functional progress and not knowing the amount of visits that were previously completed, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.