

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0094641 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/11/2010 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 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 is a female patient who reported an industrial injury to the right knee on 3/11/2010, over 4 years ago, attributed to the performance of her customary job tasks. The patient was treated conservatively and then certified for the arthroscopy of the right knee for debridement and removal of loose bodies. The patient underwent surgical intervention on 1/17/2014. The postoperative request for Physical Therapy (PT) to the knee was 3x4 sessions, which was modified to six (6) initial sessions of PT to demonstrate functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week for 4 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter---Knee post operative arthroscopy.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 299-300 and on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 97-98 and on the Non-MTUS Official

Disability Guidelines (ODG) Knee and Leg chapter, Knee post-operative arthroscopy. The Expert Reviewer's decision rationale: The request for 3x4 initial sessions of Physical Therapy (PT) to the knee s/p debridement arthroscopy with loose body removal was not supported with objective evidence to support medical necessity. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p arthroscopic surgical intervention with integration into a self-directed home exercise program. The CA MTUS recommends that half (6) of the recommended sessions of PT should be considered medically necessary initially and the second six sessions should be considered medically necessary subsequent to the demonstration of postoperative functional improvement. There is no medical necessity for all 12 sessions of PT initially.