

Case Number:	CM14-0097916		
Date Assigned:	07/28/2014	Date of Injury:	08/29/2011
Decision Date:	09/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 & 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 57-year-old male who reported an injury on 08/29/2011. The mechanism of injury was cumulative trauma. The documentation indicated the injured worker had undergone arthroscopic surgery in the bilateral knees for the diagnosis of internal derangement. The documentation of 05/29/2014 revealed the injured worker was to have postoperative physical therapy 2 times a week for 3 weeks for the bilateral knees. Prior therapies included LINT (localized intense neurostimulation therapy) and physical therapy surgical intervention. The diagnosis was pain in joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 2 times a week for 3 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that the treatment for derangement of the meniscus is 12 visits post surgically. The clinical documentation submitted for review failed to provide the quantity of sessions the injured worker

had previously attended. There was a lack of documentation of an objective physical examination to support the necessity for continued therapy. Given the above, the request for additional post-op physical therapy 2 times a week for 3 weeks for bilateral knees is not medically necessary.