

Case Number:	CM14-0211648		
Date Assigned:	12/24/2014	Date of Injury:	03/05/2013
Decision Date:	03/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 03/05/2013. The mechanism of injury involved a fall. The injured worker is currently diagnosed with chondromalacia and knee pain. It is noted that the injured worker underwent a left knee arthroscopy on 09/24/2014. The injured worker presented on 11/07/2014. The injured worker denied pain and reported an improvement with physical therapy. The physical examination was not provided on that date. X-rays of the left knee revealed mild osteoarthritis. The injured worker had completed 12 out of 12 authorized physical therapy sessions. Treatment recommendations included additional physical therapy. A Request for Authorization form was then submitted on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of additional post op physical therapy for the left knee: Upheld

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

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

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The injured worker has completed the initial 12 sessions of postoperative physical therapy. There is no documentation of a recent physical examination. Therefore, there is no evidence of a significant functional limitation. The injured worker should be well versed in a home exercise program. The medical necessity for 12 additional sessions has not been established. As such, the request is not medically appropriate at this time.