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| Case Number: | CM15-0021880 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 01/09/2014 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 02/05/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female who sustained an industrial injury on 01/09/14. She reports pain in her left knee, worse with stairs and cold weather. She is able to work. Treatments to date include surgery, medication, and ice. The diagnosis includes status post left knee meniscectomy. In a progress note dated 12/18/14 the treating provider notes that she is requesting additional physical therapy and will add a non-steroidal to the treatment plan. On 12/29/14, Utilization Review non-certified the physical therapy, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for two weeks (2x2): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Knee, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. The documentation submitted for review indicates that the injured worker has been treated with at least 21 visits of physical therapy. The injured worker should have been transitioned to self-directed home based therapy at this time. Medical necessity cannot be confirmed.