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| Case Number: | CM15-0066267 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 01/14/2013 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66-year-old male, who sustained an industrial injury on 1/4/13. The injured worker has complaints of left knee pain. The diagnoses have included carpal tunnel syndrome and post op left knee. Treatment to date has included physical therapy; electromyography/nerve conduction velocity of the cervical spine in both upper extremities; magnetic resonance imaging (MRI) of the left knee; left knee arthroscopy and medications. The request was for physical therapy left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left knee 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional

improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient underwent 16 postoperative PT sessions. There is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the amount of PT completed exceeds the recommendations of the CA MTUS and there is no clear rationale for additional treatment beyond this amount. In the absence of such documentation, the current request for physical therapy is not medically necessary.