

Case Number:	CM13-0040822		
Date Assigned:	12/20/2013	Date of Injury:	10/10/2012
Decision Date:	12/10/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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: Pennsylvania, Connecticut, North Carolina
 Certification(s)/Specialty: Orthopedic Surgery

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 claimant is a 70-year-old gentleman who was injured on October 10, 2012 sustaining an injury from a fall at work. Specific to the claimant's right knee, there is documentation of failed conservative care for which surgical intervention was recommended in the form of a right knee arthroscopy. The claimant is noted to be status post a July 15, 2013 left shoulder arthroscopy with decompression and distal clavicle excision. There is no formal imaging regarding the claimant's right knee available for review. At present, there is a current request for twenty-four sessions of postoperative physical therapy in regards to the claimant's right knee for which arthroscopic meniscectomy is being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Post-op Physical Therapy 2 x a week for 12 weeks (total of 23 sessions) for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twenty-four sessions of physical therapy in this case would not be indicated. While there is no indication that the claimant has yet to undergo right knee arthroscopy, Guideline criteria would recommend no more than twelve sessions of physical therapy in the postoperative setting. The specific request for twenty-four sessions at this stage in the claimant's clinical course of care would thus not be indicated. Therefore the request is not medically necessary.