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## Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0024806	<b>Date of Injury:</b>	04/04/2012
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/16/2013
<b>Employee Name:</b>	████████████████████		
<b>Provider Name:</b>	██████████ MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

32 y.o. male with injury from 4/4/12 suffers from chronic knee pain. The patient has a diagnosis of left knee meniscal tear s/p arthroscopic surgery from 6/23/13. The patient apparently finished 12 sessions of post-operative PT and there is a request for 12 more sessions.

Review of 10/7/13 report by Dr. [REDACTED] states that the patient's symptoms have worsened. While coming down the stairs, his knee gave out and ended up with a fall directly onto his knee. Recommendation was for PT and off of work for 2 weeks. PT recommended was for 3 x 4. 8/26/13 report also states that the patient's symptoms have worsened with back injury from 8/22/13. Since returning to work has had more pain in his knee as well. Recommendation was for return to additional therapy. 8/5/13 report indicates that the patient's symptoms improved since last visit. Pt is attending PT. Operative note from 6/28/13 is reviewed for left knee arthroscopy with partial medial meniscectomy.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. 12 physical therapy sessions for the left knee is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the Postsurgical Treatment Guidelines (2009), Knee section, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS postsurgical treatment guidelines recommend 12 visits over 12 weeks following a meniscectomy, and the postsurgical physical medicine treatment period is 6 months. This patient has already completed 12 sessions of PT following his meniscectomy surgery. The patient's symptoms were improving as of 8/2/13 request for additional therapy which was denied. MTUS has clear guidelines for post-operative therapy which is 12 sessions for this type of surgery. The patient should be transitioned into a home exercise program. Current request for 12 additional sessions of therapy falls within 6 months of post-operative period.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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