

Case Number:	CM13-0003228		
Date Assigned:	06/06/2014	Date of Injury:	08/09/2010
Decision Date:	07/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28-year-old male who reported an injury on 08/08/2010 due to a fall. The injured worker underwent a right knee arthroscopic partial medial meniscectomy on 05/08/2013. On 05/20/2013, the injured worker complained of sharp pain in the right knee rated at a 5/10 on VAS. Physical examination revealed that active range of motion on flexion to the right knee was 113 degrees and extension was zero. Muscle strength was 4-/5 on flexion and 4-/5 on extension. Exam also revealed that the injured worker had tenderness to palpation to medial and inferior aspect of the right knee joint. Diagnoses include status post anterior cruciate ligament repair with a normal-appearing allograft without abnormality and small oblique tear inferior surface posterior horn medial meniscus. The injured worker completed 12 sessions of post-operative physical therapy from 05/16/2013 to 06/27/2013. Most recent report showed no current medications. The progress notes also showed that the injured worker was doing better with his right knee with some weakness. There was no tenderness noted. There was good range of motion and the injured worker ambulated with a normal gait. The treatment plan is for additional post-operative physical therapy two times per week for six weeks to the right knee. Rationale was to provide more strength to the injured worker's right knee. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS TO THE RIGHT KNEE: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that post-operative therapy for a Meniscectomy is 12 visits over 12 weeks. Based on the records provided for review the injured worker has already completed 12 sessions with documented improvements. The request also exceeds the MTUS guidelines. As such, the request for additional post-operative physical therapy twice a week for six weeks for the right knee is not medically necessary and appropriate.