

Case Number:	CM13-0009902		
Date Assigned:	09/19/2013	Date of Injury:	05/01/2008
Decision Date:	03/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family Practice, 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.

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 patient is a 48-year-old male who reported an injury on 5/1/08. The patient is diagnosed with left knee arthroscopy and left knee post-traumatic arthritis. The patient was seen by [REDACTED] on 7/18/13. The patient was status post left knee arthroscopy performed on 3/19/13. The patient continues to demonstrate pain and weakness. Physical examination revealed tenderness over the lateral epicondyle of the left knee, medial joint line tenderness, full range of motion, and positive patellofemoral crepitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for postoperative physical therapy twice a week for six weeks for the left knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy should be one-half of the number of visits specified in the general course of therapy. Postsurgical treatment following derangement of the meniscus includes 12 visits over 12 weeks. As per the clinical notes submitted, the patient underwent left knee arthroscopy with partial medial meniscectomy, chondroplasty, and loose body removal on 3/19/13. The patient is no longer

within the four month postsurgical physical medicine treatment period. The patient has also participated in 12 sessions of postoperative physical therapy to date. The patient's latest physical examination revealed full range of motion, no effusion, and no laxity. Documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine treatment was not provided. Furthermore, the current request for an additional 12 sessions exceeds guideline recommendations for a total duration of postoperative treatment. Based on the clinical information received, the request is non-certified.