

Case Number:	CM13-0015928		
Date Assigned:	10/10/2013	Date of Injury:	08/22/2012
Decision Date:	01/16/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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. 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 patient is a 47 year old female who reported an injury on 08/22/2012. The patient stated she was pushing a food cart and twisted her knee. The patient upon physical exam and imaging findings was diagnosed with a meniscus tear to the left knee. According the clinical submitted, the patient underwent surgery to the left knee on 12/11/2012, physical therapy from 08/28/2012 to 04/11/2013 and had a steroid injection to left knee post-surgery (undated). The patient has since complained of continued pain to the left knee and imaging findings showed patella chondromalacia and quadriceps atrophy. According to the clinical submitted, the patient was scheduled to have a left knee arthroscopy and chondroplasty on 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op physical therapy 3 x 4 weeks, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted does not meet the recommendation of the CA MTUS Post-Surgical Treatment

Guidelines. CA MTUS Post-surgical treatment guidelines state an initial course of post-operative therapy means one half of the recommended number of sessions which is 12 sessions over 12 weeks. According to the clinical documentation submitted, the patient underwent a meniscus repair 10/15/2013 and subsequently underwent post-operative therapy from 01/09/2013 - 04/11/2013. The clinical documentation submitted suggests the patient was scheduled to have a surgery on 10/15/2013, but no clinical documentation was submitted to support this surgery was performed. Therefore, the post-operative physical therapy request exceeds the guideline recommendation of initial post-operative therapy if this is being requested for the recommended surgery that was to take place on 10/15/2013 and exceeds the post-operative time frame if this post-operative therapy request is for the surgery performed on 12/11/2012. As such, the request for post-op physical therapy 3 times a week over 4 weeks to the left knee is non-certified.