

Case Number:	CM13-0021976		
Date Assigned:	11/13/2013	Date of Injury:	05/02/2013
Decision Date:	02/26/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Occupational Medicine, 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. 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 63-year-old female with date of injury 05/02/2013. The patient injured her left knee when she missed a step and fell while coming down a ladder. She is currently under the care of [REDACTED] who plans to perform a medial and lateral meniscectomy of the left knee. The MRI diagnosis is the following: 1. Complete tear of the posterior root of the lateral meniscus, 2. Degenerative tear of the anterior horn of the medial meniscus also suspected, 3 significant tri-compartment chondromalacia and osteoarthritis, 4. Joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy, two (2) times a week for four (4) weeks for the left knee:

Overtaken

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

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

Decision rationale: The orthopedic surgeon is requesting only eight post-op physical therapy visits, which falls well within the Guidelines. Section 9792.24. 3. Postsurgical Treatment Guidelines provide for postsurgical therapy as follows: Dislocation of knee; Tear of

medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months.