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| Case Number: | CM13-0026882 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 10/31/2012 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 & 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 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 patient is a 52 year-old male with a date of injury of 10/31/2012. The listed diagnoses per [REDACTED] are medial meniscal tear of the left knee and probable fracture of the base of 5th metatarsal. According to report dated 08/26/2013 by [REDACTED], the patient presents with left knee and right foot pain. Examination of the knee revealed moderate effusion and tenderness along the medial joint line. McMurray test elicits pain in the medial compartment, with clear evidence of meniscal tear. Treater states "MRI scan of the left knee demonstrates a medial meniscal tear." There is one MRI of the left knee provided for review dated 02/06/2013, which revealed "no meniscal tear, no chondral defects, and no subchondral bony signal alteration." The treater is requesting arthroscopic surgery for the left knee, post op cold machine, crutches and 12 post op physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL TWELVE (12) POST-OPERATIVE PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), KNEE SECTIONS; AND MTUS POST OPERATIVE REPORT GUIDELINES.

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

Decision rationale: This patient presents with left knee pain. The treater is requesting 12 post operative physical therapy for the left knee. Utilization review dated 10/11/2013 states that the requested left knee arthroscopic is not authorized. MTUS post surgical guidelines allow for 12 post operative physical therapy session for arthroscopic type procedures. In this case, the requested surgery was not authorized; therefore, post operative therapy is not indicated. Recommendation is for denial.