

Case Number:	CM13-0031218		
Date Assigned:	12/04/2013	Date of Injury:	05/20/2013
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery; and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 05/20/2013. The mechanism of injury was not provided in the medical records; however, it is noted he had a tear to the medial meniscus of his right knee. His initial course of treatment is unclear but it is known that he underwent a right knee scope for partial medial meniscectomy on 07/20/2013. He had 12 postoperative physical therapy sessions and a postoperative ultrasound to rule out DVT (deep vein thrombosis) that was negative. He continues to complain of significant pain and stiffness in the knee. No other clinical information was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op PT left knee, 3x2 then 2x2: 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 MTUS guidelines state that for a surgical repair of a torn medial meniscus, 12 sessions of postoperative physical therapy are recommended. The patient is reported to have received 12 sessions of physical therapy to date; however, there were no therapy notes provided for review. The objective values of range of motion, strength, endurance, and

increased functional abilities were not submitted, nor was documentation of exceptional factors. Without objective findings to support the need of continued therapy, medical necessity cannot be determined. Also, the request is for post-op therapy to the left knee; however, records state that the patient received surgery on the right knee. As such, the request for additional post-op physical therapy (PT) left knee, 3 times a week for 2 weeks then 2 times a week for 2 weeks is non-certified.

EMG/NCS bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Electrodiagnosis testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Guidelines do not generally recommend special studies to evaluate knee complaints. EMG/NCS (electromyogram/nerve conduction study) in particular, are used to evaluate nerve and muscle function when a physical examination presents ambiguous neurological findings. The clinical records submitted for review did not provide any clinical notes that contained a physical examination. Without evidence of possible neurologic deficits that indicate the need for an EMG/NCS, medical necessity cannot be determined at this time. As such, the request for EMG/NCS of the bilateral lower extremity is non-certified.