

Case Number:	CM13-0033267		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2013
Decision Date:	08/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation, has a subspecialty 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 39 year old female with date of injury 1/8/13 following a twisting injury of the left knee. According to the utilization review report dated 9/12/13 the patient was diagnosed with tear of medial cartilage of meniscus of left knee, underwent left knee medial and lateral meniscectomy on 7/12/13 and was treated post operatively with medication and 12 sessions of physical therapy. The treating physician report dated 9/2/13 and the physical therapy report dated 8/16/13 were not provided in the 170 pages submitted for review. The treating physician noted on 9/2/13 that the patient had some soreness, swelling and pain with weight-bearing, limited range of motion due to pain and slow gait. The current diagnoses are: 1.Tear of medial and lateral meniscus with chondromalacia status post surgical 2.Knee pain 3.Left knee synovitis and 4.Left knee degenerative arthritis. The utilization review report dated 9/12/13 denied the request for 6 additional post-surgical physical therapy sessions based on the MTUS post-surgical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional Physical Therapy (PT) sessions for the left knee, two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents 6 weeks post left knee medial and lateral meniscectomy with Chondroplasty. The current request is for 6 additional physical therapy sessions for the left knee 2x3. The treating physician report requesting the 6 additional post-surgical Physical Therapy (PT) sessions was not provided for review. The patient reported left knee pain rated a 3/10 with flexion to 120 degrees and extension to -3 degrees. The strength was a 4/5 and the patient had difficulty with stairs and squatting. The MTUS Post-Surgical Guidelines recommends 12 physical therapy sessions following meniscectomy surgery. There is no information provided to indicate any rationale as to why the patient cannot continue with a home exercise program. There is no information provided to indicate that a new injury or diagnosis warranting additional physical therapy is present. Therefore, Six (6) additional Physical Therapy (PT) sessions for the left knee is not medically necessary.