

Case Number:	CM13-0042433		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2013
Decision Date:	05/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery 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 50-year-old gentleman who was injured on June 6, 2013 injuring his left knee. MRI report of July 2, 2013 showed truncation of the free margin of the body of the medial meniscus with osteochondral sclerosis and marrow edema changes to the medial femoral condyle, but no definitive Meniscal tearing. The patient was documented to have failed conservative care. A recent progress report of September 12, 2013 indicated need for surgical arthroscopy given the patient's continued symptomatic complaints. Surgery was denied by Utilization Review citing no significant MRI findings to support the acute need of meniscectomy. There is no indication that surgical process has taken place. There is a current request for postoperative physical therapy for twelve sessions in this individual's course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY SESSION THREE TIMES A WEEK FOR FOUR WEEKS, TOTAL TWELVE SESSIONS, FOR LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1-3,14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of formal physical therapy would not be indicated. Records do not indicate this individual has undergone knee arthroscopy. Without documentation of surgical process, the role of postoperative physical therapy would not be supported.