

Case Number:	CM13-0042815		
Date Assigned:	12/27/2013	Date of Injury:	04/29/2013
Decision Date:	04/22/2014	UR Denial Date:	09/16/2013
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 Physical Medicine & Rehabilitation and Pain Management; 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 61 year old male with a date of injury of April 29, 2013. The listed diagnoses per [REDACTED] are: Lateral meniscus tear and Knee pain. According to report dated August 19, 2013 by [REDACTED], the patient is status post partial lateral meniscectomy of the left knee dated July 12, 2013. The patient has had physical therapy treatments. On Examination the patient "seems to be in mild pain", with a normal gait, left knee with mild joint effusion and mild tenderness. Additional Physical Therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient is status post partial lateral meniscectomy of the left knee dated July 12, 2013. The treating physician is requesting twelve (12) additional physical therapy sessions. The California MTUS Postsurgical Guidelines state the postsurgical treatment

following a meniscectomy is 12 visits over 12 weeks. The postsurgical physical medicine treatment period is six (6) months. Utilization review dated September 16, 2013 indicates that the patient has had eight (8) post op sessions. Physical therapy report dated August 16, 2013 states that the patient has completed six (6) post operative therapy in which patient reports that the left knee feels "70% of normal at this time." The patient has been able to increase his walking distance, driving and is able to squat to approximately 90 degrees with little-to-no pain. The patient does complain of moderate diffuse pain with stairs, squatting low and kneeling. The patient has improved 70% after eight (8) sessions of operative physical therapy. Although, additional sessions may be indicated to address the residual diffuse pain, the treating physical is requesting an additional twelve (12) session which exceeds what is recommended by the California MTUS guidelines. Therefore recommendation is for non-certification.