

Case Number:	CM13-0043113		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2013
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice 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 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 63 year-old male who reported an injury on 01/13/2013 and the specific mechanism of injury was a fall. The diagnosis included a right knee torn anterior cruciate ligament with instability, a complete tear of the medial meniscus and synovitis. The medical documentation notes the patient had a right knee arthroscopy on 06/04/2013 that included; Chondroplasties of patella, trochlear groove, medial femoral condyle, medial tibial plateau, medial meniscectomy, synovectomy and a resection medial plica of the right knee. The patient had completed prior unknown visits of physical therapy on his right knee. It is also indicated the patient was participating in a home exercise program. The patient still complains of pain and instability and it is noted he was still using a crutch for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 4 FOR THE RIGHT KNEE: 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 Medical Treatment Utilization Schedule (MATUS), 2009, Post-Surgical Rehabilitation (8 CCR Â§ 9792.24.3, Knee indicated postsurgical treatment for a

Meniscectomy is 12 visits over 12 weeks and a ACL(Anterior Cruciate Ligament) repair is 24 visits over 16 weeks within 6 months after surgery. The patient has attended an unknown number of sessions for physical therapy with unknown results of current measurements of flexion, extension and strength of the right knee and it has been over 6 months of the allotted time per the guidelines. It is not indicated why the patient would not benefit from a continued home exercise program. Therefore, the request for Physical Therapy 2 times 4 for the right knee is not medically necessary and appropriate.