

Case Number:	CM13-0044141		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2013
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, and Sports Medicine and is licensed to practice in New York and 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 65-year-old female who reported a work-related injury on July 28, 2013 as result of a fall. Subsequently, the patient presents with imaging study evidence of a large meniscal tear to the left knee. The clinical note dated December 20, 2013 reports the patient was recommended to undergo surgical interventions to the left knee, as the patient remained symptomatic. Physical exam findings evidenced extension at 0 degrees; flexion of 120 degrees of the left knee. The provider documented the patient would be considered for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

post operative physical therapy, two (2) times a week for three (3) weeks, for the left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: The current request is not supported. It is unclear if the patient was in fact approved for surgical interventions to the left knee after review of the clinical documentation

submitted. In addition, the clinical notes do not indicate if in fact the patient did undergo the recommended operative procedure, when the date of the procedure was commenced, and when and if the patient has utilized any postoperative physical therapy as the most recent clinical note submitted for review is dated December 20, 2013. The California MTUS, Postsurgical Treatment Medical Guidelines support an initial course of therapy meaning \hat{A} ½ the number of visits specified in the general course of therapy for the specific surgery. Postsurgical treatment guidelines do support 12 visits over 12 weeks; however, as there is no recent clinical documentation submitted for review in support of this request, the request for post-operative physical therapy, two (2) times a week for three (3) weeks, for the left knee is not medically necessary or appropriate.