

Case Number:	CM13-0059070		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2012
Decision Date:	11/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in 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 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:

This injured worker is a 59 year old female with a reported date of injury 02/10/2012. The mechanism of injury is repetitive motion. Her diagnoses included lateral meniscus tear left knee and low back pain. Her past treatments included chiropractic treatment, 12 sessions of physical therapy and cortisone injections. The diagnostic studies include a left knee MRI on 10/19/2012 which showed an abnormal signal within the anterior horn of the lateral meniscus which most likely represents artifact although vertical tear. On 11/12/2013 she presented with complaints of left knee pain, low back pain and leg pain which she rated as 6/10. She stated physical therapy had not helped her pain. It was noted that the requested surgery was denied by the insurance company. Physical examination showed no sensory abnormalities in bilateral extremities, bilateral motor strength and reflexes were normal; gait mildly antalgic, and straight leg raise in sitting position showed tightness in her back. Her current medications were listed as Norco as needed. The treatment plan was to follow up with orthopedic surgeon. The request is for Post Op Physical Therapy 2 times a week for 6 weeks and no rationale was received. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines

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

Decision rationale: The request for Post Op Physical Therapy 2 times a week for 6 weeks is not medically necessary. The injured worker presented with on-going complaints of left knee pain and it was noted that the requested surgery was denied by the insurance company. The California MTUS Guidelines for post-surgical treatment of meniscus tears of the knee recommend physical therapy for meniscus of the knee as 12 visits over 12 weeks. The request is for physical therapy 2 visits week times 6 weeks. The guidelines recommend the initial course of treatment be one-half the number of specified visits. Therefore, an appropriate initial course would consist of 6 visits and the requested number of visits exceeds the recommendation for an initial course. Additionally, the submitted documentation indicated that the requested surgery had been denied as of 11/12/2013 and there was no clear documentation submitted to show evidence that the surgery has since been approved and/or performed. As such the request for Post Op Physical Therapy 2 times a week for 6 weeks is not medically necessary.