

Case Number:	CM13-0060475		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2012
Decision Date:	04/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 60-year-old male who reported an injury on 01/05/2012. The mechanism of injury was not submitted. The patient was diagnosed with a history of left knee medial meniscus disruption, status post left knee arthroscopy with medial and lateral meniscectomy, chondroplasty, and synovectomy on 09/26/2013, right knee strain secondary to compensatory injury emanating from gait disturbance, and status post Orthovisc injections x3. The patient was recommended additional physical therapy for the left knee. The physical therapy evaluation dated 12/02/2013 stated the patient rated his pain at 4/10 to 6/10. Active range of motion with flexion of the left knee was 120 degrees, extension 0 degrees, and muscle strength was 5/5 with the exception of hip abduction being 4+/5, hip flexion 4+/5, and hip extension 4/5. The patient had completed 16 sessions of physical therapy. The followup consultation report dated 12/05/2013 stated the patient continued to complain of knee pain. The patient was status post Orthovisc injections of the left knee. The patient reported some improvement in the knee pain with the first injection. The patient continued to have some pain and decreased range of motion, along with a slightly antalgic gait. The patient was ambulating with a cane. The patient was recommended continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Additional post-op physical therapy to Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS recommends postsurgical physical therapy for a meniscectomy at 12 visits over 12 weeks. The patient complained of pain with continued decreased range of motion. However, the patient completed 16 physical therapy visits; as such, the request for additional physical therapy exceeds the guidelines' recommendations. Also, the request does not state the number additional physical therapy sessions needed. In addition, given the slight decreased range of motion and muscle strength, the documentation does not show adequate evidence as to why a home exercise program would not be sufficient to alleviate continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.