

Case Number:	CM13-0061085		
Date Assigned:	03/03/2014	Date of Injury:	12/21/2011
Decision Date:	05/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation, 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 54 year old male with an injury date on 12/21/11. Based on the 12/30/13 progress report, the patient's diagnosis are torn medial meniscus of the left knee, and posterior cruciate ligament sprain of the left knee. Surgery was recommended, but, due to the patient's high blood sugar level, surgery was cancelled. The treating physician has refused to operate on this patient until the patient has a better management of blood sugar. Exam showed medial joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) POST OPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2.

Decision rationale: The patient presents with torn meniscus and ligament sprain of the left knee. The request is for 10 sessions of post-operative knee therapy. Review of the reports show that this surgery may not take place as the treating physician is concerned about the patient's poorly controlled high blood sugar level. Without surgery, there is no need for post-operative therapy.

While the MTUS guidelines do allow for post-operative therapy, in this case, the surgery has been cancelled. As such, the requested physical therapy is not medically necessary at this time.