

Case Number:	CM13-0066953		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2012
Decision Date:	05/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 28-year-old female who reported an injury on 07/31/2012 after a twisting motion reportedly caused injury to her left knee. The injured worker ultimately underwent left knee arthroscopy and meniscectomy. The injured worker was evaluated on 11/15/2013. It was noted that the injured worker had reduced pain as a result of her surgical intervention and postsurgical management. Physical examination findings included joint line tenderness of the left knee and grade 4 muscle weakness of the left quadriceps and hamstrings. The injured worker's diagnoses included left knee internal derangement with a medial meniscus tear, right knee anterior cruciate ligament tear, and status post left knee arthroscopic surgery. The injured worker's treatment recommendations included additional physical therapy and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE (12 SESSIONS):

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 MTUS Post-Surgical Treatment Guidelines recommends up to 12 physical therapy sessions in the postsurgical management of a meniscectomy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in 14 visits of post-surgical physical therapy. The injured worker's most recent evaluation does indicate that the injured worker has some minor deficits. However, there are no factors to preclude further progress of the injured worker while participating in a home exercise program. The requested 12 physical therapy visits in combination with the already completed postoperative physical therapy visits would be considered excessive. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. The request for postoperative physical therapy for the left knee (12 sessions) is not medically necessary and appropriate.