

Case Number:	CM13-0068158		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2010
Decision Date:	06/02/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 Surgery 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 55 year old male who was injured on 11/18/2010. The mechanism of injury is unknown. The patient underwent a left knee arthroscopic partial medial meniscectomy, arthroscopic chondroplasty, and arthroscopic tricompartmental synovectomy on 08/19/2013. PR2 dated 11/08/2013 indicates the patient presents with left knee pain rated at 6/10. He receives postoperative physical therapy for the left knee with nine sessions to date. He also complains of low back pain rated at 6/10, with bilateral lower extremity symptoms. He reports the medications helps and he denies any side effects. Objective findings on exam revealed tenderness of the lumbar spine. The lumbar range of motion is limited with pain. Diagnoses are status post left knee arthroscopy and low back pain with lower extremity symptoms. There is a request for additional postoperative physical therapy for the left knee at 3 times per week for 4 weeks and an epidural steroid injection of the lumbar spine. The patient is instructed to continue medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X WEEK X 4 WEEKS FOR 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg,
Physical Medicine Treatment.

Decision rationale: According to CA MTUS guidelines; Physical Therapy (PT), is recommended for post-meniscectomy treatment as 12 visits over 12 weeks. According to ODG; PT is also recommended for post-chondroplasty as 12 visits over 12 weeks. The medical records document that the patient underwent the above mentioned surgical procedures, and he received 9 sessions of post-surgical physical therapy. The requested 12 sessions exceeds the guidelines recommended number of sessions. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 3/week for 4 weeks are not medically necessary.