

Case Number:	CM13-0071211		
Date Assigned:	01/08/2014	Date of Injury:	11/16/2011
Decision Date:	06/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 underlying date of injury in this case is 11/16/2011. The patient's treating diagnoses include medial meniscus tear, patellar chondroplasty, and ankle sprain. On 11/18/2013, the treating physician noted the patient reported ongoing right knee pain. The patient had a painful Lachman sign with range of motion 0-130 degrees. At that time the treating orthopedist noted that a request was pending for arthroscopic evaluation. An initial physician review discussed the treatment with the treating physician and noted that the intraoperative findings were unknown and for that reason six initial visits would be sufficient for initial treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POSTOPERATIVE PHYSICAL THERAPY VISITS, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: 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: This is a request for postoperative physical therapy. The Post Surgical Treatment Guidelines, page 24, states regarding postoperative treatment recommends for the knee that there is controversy regarding effectiveness of therapy after arthroscopic partial

meniscectomy. Generally the treatment guidelines recommend 12 visits over 12 weeks after meniscus surgery, with half of those sessions initially and then the remainder depending on progress. Overall, without knowing in advance what the findings will be intraoperatively and how the patient's initial physical therapy will progress, it is not possible to determine that the requested 12 postoperative physical therapy sessions will all be needed. Given the above this request is not supported by the treatment guidelines. Therefore the request is not medically necessary.