

Case Number:	CM14-0000490		
Date Assigned:	01/10/2014	Date of Injury:	07/15/2013
Decision Date:	11/17/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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 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:

This is a 52-year-old male with a 7/15/13 injury date. In a 12/18/13 follow-up, subjective complaints included feeling better but still having difficulty with kneeling and squatting. The provider notes that the patient has had 16 sessions of physical therapy. Objective findings included medial joint line tenderness, range of motion from 0 to 125 degrees, 4/5 quad strength, and crepitation. Diagnostic impression: right knee medial meniscus tear. Treatment to date: right knee arthroscopic medial and lateral meniscectomy (9/19/13), medications, physical therapy. A UR decision on 12/4/13 denied the request for additional post-op physical therapy on the basis that the patient has completed 16 sessions within 6 months post-op, and there is no clear reason why a home exercise program cannot be used instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY QTY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS allows for 12 physical therapy sessions over 12 weeks after meniscectomy. The postsurgical physical medicine treatment period is 6 months. However, the patient has already had 16 sessions of physical therapy and it has now been over one year since

the surgery. There is no discussion or rationale that explains why additional physical therapy is necessary and why a home exercise program would not be satisfactory. Therefore, the request for additional post-operative physical therapy qty 8 is not medically necessary.