

Case Number:	CM14-0003783		
Date Assigned:	02/03/2014	Date of Injury:	06/22/2012
Decision Date:	08/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 patient is a 60 year old male who was injured on 06/22/2012. He was moving heavy equipment when he his left foot slipped on the dirt and twisted the knee and hip. Diagnostic studies reviewed revealed MRI of the left knee dated 08/28/2012 revealed severe chondromalacia of the patella; complex tear of the body and posterior horn of the medial acromion and trace joint effusion. Ortho note dated 11/29/2013 indicates the patient complained of pain, swelling, stiffness, weakness, popping and clicking to the left knee. Objective findings on exam revealed tenderness over the medial and lateral joint line. McMurray test is positive as well as the Apley's test. Neurovascular exam was normal and there was pain on McMurray's testing as well as the varus stress test. Range of motion of the left knee revealed flexion to 90 degrees on the left and 140 on the right; extension to 0 degrees on the left and 0 degrees on the right. Muscle strength is 4/5 on the left and 5/5 on the right. Diagnoses are lumbago, lumbar sprain, meniscus tear, left knee, meniscus tear of the left knee and chondromalacia patella. He has been recommended for physical therapy. The utilization review dated 12/10/2013 states the request for physical therapy to the left knee 3 times a week for 4 weeks is not certified as it is not medically necessary. It mentioned that the patient had left knee arthroscopy with partial meniscectomy on 11/5/2012 and that the patient already had post-op physical therapy according to medical records. A prior peer review had already non-certified subsequent request of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST-OPERATIVE PHYSICAL THERAPY SESSIONS FOR LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

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 the guidelines for meniscectomy, 12 postsurgical treatment over 12 weeks during the 6 month postsurgical physical medicine treatment period is indicated. According to medical records, the patient had left knee arthroscopy with partial meniscectomy on 11/5/2012 and the patient already had post-op physical therapy. Patient is well beyond the 6 month postsurgical physical medicine treatment period, and the patient already had post-operative physical therapy. The medical necessity for additional twelve (12) post-operative physical therapy sessions for left knee is not established. Therefore, the request for twelve addition physical therapy treatment is not medically necessary.