MAXIMUS Federal Services

Case Number:	CM14-0106769		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2009
Decision Date:	09/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 & 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 injured worker is 41-year-old male with a reported date of injury on 07/12/2009. The mechanism of injury was noted to be due to a slip and fall. His diagnoses were noted to include internal derangement of the left knee, type 2 signal posterior horn of the medial meniscus and possible intrasubstance tear, and patellofemoral chondromalacia. His previous treatments were noted to include physical therapy, chiropractic treatment, and medications. The progress note dated 06/04/2014 revealed the injured worker complained of pain in his back which was more prominent than the knee but his knee was equally having constant pain during activities such as prolonged standing, walking, stair climbing and deep knee bending. The pain was mostly on the medial side of the joint with minimal swelling. The injured worker reported knee clips and snaps on occasion and in general he felt weak. The physical examination to the left knee revealed the patient walked with an abnormal gait favoring his right leg. There was normal alignment of the knee. There was no increased warmth in the patient's left knee compared to the right. The patellofemoral examination revealed crepitation of the patellofemoral joint which was painful. There was tenderness over the medial joint line with a positive Apley and negative McMurray test. The ligamentous stability of the joint was intact for all major ligaments of the knee. The range of motion to the injured worker's right knee was 0 to 130 degrees and left 0 to 125 degrees. The Request for Authorization form dated 06/10/2014 was for postoperative therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy left knee 3 x 4: 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 request for postoperative physical therapy to the left knee 3 x 4 is non-certified. The injured worker complains of left knee pain. The postsurgical treatment guidelines recommend for a meniscectomy 12 visits over 12 weeks with postsurgical physical medicine treatment period of 6 months. The guidelines recommendation for 12 postoperative sessions of physical therapy falls within guidelines recommendations; however, there is a lack of documentation regarding approval for knee surgery or when the knee surgery was performed. Therefore, postoperative physical therapy is not appropriate at this time. As such, the request is not medically necessary.