

Case Number:	CM14-0018043		
Date Assigned:	04/16/2014	Date of Injury:	03/09/2012
Decision Date:	06/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 56-year-old gentleman who was injured on 03/09/12 when he tripped on a brick sustaining an acute left knee injury. Clinical records for review indicate that following a course of conservative care an 11/13/13 left knee arthroscopy with chondroplasty and partial medial meniscectomy took place. The follow up report of 01/07/14 indicates the claimant was making progress with a course of physical therapy for which 12 postoperative sessions have been completed. The examination demonstrated full range of motion with tenderness both parapatellar and retropatellar to the medial and lateral joint line. Recommendations were for continuation of physical therapy for 12 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy would not be indicated. This individual is status post an 11/13/13 left knee arthroscopy and partial medial meniscectomy for which 12 sessions of

physical therapy have already been completed. Most recent progress report included an examination demonstrating full range of motion and no functional limitation. Guideline criteria would not recommend the role of more than 12 sessions of physical therapy in the postoperative setting of a meniscectomy. This specific request for 12 additional sessions would exceed guideline criteria and would not be supported making them not medically necessary and appropriate.