

Case Number:	CM14-0019370		
Date Assigned:	04/21/2014	Date of Injury:	08/08/2010
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 a 37 year old male whose date of injury is 08/08/2010. The injured worker injured the left knee as a result of squatting and twisting. The injured worker is status post left knee arthroscopy with partial medial meniscectomy on 01/03/14. Progress report dated 01/14/14 indicates that he has full extension and flexion to 125 degrees. He has not started postoperative physical therapy. Follow up note dated 03/25/14 indicates that the injured worker continues to work. Range of motion is slightly guarded (5-125 degrees). Physical examination on 04/14/14 indicates that range of motion is 0-140 degrees on the left. Ligaments are stable bilaterally. Physical Therapy 3 times a week for 4 weeks to the left knee has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE LEFT KNEE:

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: Based on the clinical information provided, the request for physical therapy 3 times a week for 4 weeks to the left knee is not recommended as medically necessary. The

injured worker is status post left knee arthroscopy with partial medial meniscectomy on 01/03/14. The submitted records indicate that the injured worker has been authorized for 6 postoperative physical therapy visits to date. It is unclear if these sessions have been completed, and injured worker's response to treatment is not documented. California Medical Treatment Utilization Schedule (MTUS) support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation.