MAXIMUS Federal Services

Case Number:	CM14-0115066		
Date Assigned:	08/04/2014	Date of Injury:	09/30/2012
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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, has a subspecialty in Interventional Spine 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 37 year-old male with a 9/30/12 date of injury. According to the 5/28/14 orthopedic report from [redacted], the patient presents with moderate to severe pain in the right knee with prolonged standing, walking, bending, stooping, kneeling or squatting. The MRI of the knee revealed oblique tear at the medial meniscus and partial thickness ACL tear with joint effusion. [redacted] requested right knee arthroscopy for partial medial meniscectomy and possible ACL reconstruction. At the same time he also requested post-operative physical therapy, ice therapy unit and possible bracing. On 6/25/14, UR modified the request for post-operative physical therapy three times a week for six weeks to allow 12 sessions to document objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy - 3 Times a Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request presented for this IMR is for postoperative physical therapy three times a week for six weeks. The MTUS postsurgical guidelines state a general course of

care for a meniscectomy is 12 visits and the initial course of care is 6 visits. The general course of care for ACL repair is 24 visits with the initial course of care being 12 visits. The surgeon is not sure if the ACL will need reconstruction until he views it during the procedure. The MRI did identify a tear in the medial meniscus. The MTUS postsurgical guidelines require discontinuation of therapy if there is no documentation of functional improvement. The request for 18 sessions of postsurgical physical therapy exceeds the MTUS postsurgical guidelines recommendations for an initial course of care for the meniscectomy, and exceeds the initial course of care for an ACL reconstruction. Therefore, this request is not medically necessary.