

Case Number:	CM14-0116800		
Date Assigned:	08/04/2014	Date of Injury:	12/20/2012
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 47-year-old male sustained an industrial injury on 12/20/12 relative to a slip and fall. Conservative treatment, including exercise, medications, activity modification, and Supartz injections, did not provide sustained benefit. The 3/3/14 treating physician report cited persistent knee pain and swelling. Physical exam noted mild swelling, positive medial and lateral patellar facet tenderness, positive patellar grind and patellofemoral step tests, and pain with resisted extension. The treatment plan requested authorization for arthroscopy with pre-op clearance, crutches, and post-op physical therapy 2x6. The injured worker underwent right knee arthroscopy with partial medial and lateral meniscectomies and patellar chondroplasty on 4/17/14. The 7/2/14 utilization review denied the request for additional post-op physical therapy 2x4. The rationale for this utilization review decision was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 2x wk x 4 wks for the right knee: Upheld

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Records indicate that 12 initial post-op physical therapy visits were requested at the time of surgery. There is no documentation relative to the amount of post-op physical therapy that has been provided to date or what functional improvement has been achieved. There is no documentation of a current functional deficit or functional treatment goal to be addressed by additional physical therapy. The medical necessity of supervised physical therapy over an independent home exercise program is not established. Therefore, this request is not medically necessary.