

Case Number:	CM14-0126118		
Date Assigned:	09/24/2014	Date of Injury:	02/19/2013
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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:

The claimant is a 54 year old gentleman who injured his left knee in a work related accident on 02/19/13. The medical records provided for review documented that after failing conservative treatment, the claimant underwent left knee arthroscopy, partial lateral meniscectomy, chondroplasty and debridement on 05/09/14. Postoperatively, the progress report dated 07/03/14 documented that the claimant was making progress with physical therapy and had completed twelve sessions. Physical examination showed tenderness in the lateral aspect of the knee with full range of motion and no obvious effusion or instability. At that time the recommendation was made for continued physical therapy for twelve sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Post-Operative Physical Therapy Left Knee 2 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: Based on California MTUS Post Surgical Rehabilitative Guidelines, the request for an additional twelve sessions of physical therapy would not be indicated. The claimant is noted to be is individual is several months post arthroscopy having already undergone more than twelve sessions of physical therapy per documentation. The request for

twelve additional sessions of physical therapy would exceed the Postsurgical Guidelines that recommend up to twelve physical therapy sessions following this surgery. There is no documentation that explains why the claimant would be an exception to the standard guideline criteria and not be capable of transitioning to a home exercise program.