

Case Number:	CM14-0128954		
Date Assigned:	09/03/2014	Date of Injury:	11/07/2012
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 male claimant with an industrial injury dated 11/07/12. MRI of 05/15/13 provides evidence for a partial tear of the anterior leading edge bursal surface and insertion supraspinatus tendon. The patient is status post left knee surgery as of February 2014 and has undergone 4 physical therapy sessions of the 12 approved in which the patient reports no physical change. Exam note 05/21/14 states the patient reports that the pain is now more constant and the pain is decreased when he is sitting with the left knee in a bent position. The pain is increased with squatting, standing, and extension when lying on a sofa or lying on their back. Upon physical examination there was weakness on the left as a byproduct of weakness to plantar flexion on the left. The patient demonstrated decreased ability to jump and a sharp left knee pain when jumping. The patient completed a positive Tinel's sign test and there was 3+ spasms to palpation in the left popliteus muscle. Range of motion was listed as a flexion of 125 degrees, extension was full, but there was a sharp pain when asked to do a full extension. Diagnosis was noted as status post left knee meniscectomy. Treatment includes a continuation of physical therapy, along with continuing to take medications, and complete a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post surgical physical therapy and medicine left knee 12 sessions: 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: According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12 week period. In this case the exam note from 5/21/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the request for Post-surgical physical therapy and medicine left knee 12 sessions is not medically necessary.