

Case Number:	CM14-0131997		
Date Assigned:	08/22/2014	Date of Injury:	11/08/2011
Decision Date:	11/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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:

54-year-old claimant with reported complaint of left knee pain. Reported industrial injury of November 8 2011 is noted in the records. Exam note 8/9/2013 demonstrates the patient is 343 pounds. Exam notes 7/10/2014 demonstrates continued left knee pain that is increased with weight bearing activities and interferes with mobility and standing activities. examination of the knee discloses 2+ edema with patellofemoral crepitus and pain with patellar compression. Tenderness is noted along the medial lateral joint line. Patient is status post left knee arthroscopy with meniscectomy and chondroplasty on February 6, 2014. Patient is noted to have completed 22 postoperative physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/wk x 4wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee & Leg

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 7/10/14 do 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 determination is for non-certification.