

Case Number:	CM14-0153688		
Date Assigned:	09/23/2014	Date of Injury:	04/16/2013
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 26-year-old male sales associate who sustained a vocational injury to his right knee while pulling a cart of cement bags on 04/16/13. The claimant underwent right knee arthroscopy for partial lateral meniscectomy on 05/16/14. The claimant's current diagnosis is a tear of the lateral meniscus of the right knee, status post arthroscopic surgical intervention. The documentation provided for review noted that as of 08/13/14, the claimant had completed eleven visits of physical therapy. The office note dated 09/04/14 noted that the claimant had a sharp pain in his knee that was better with rest and worse with prolonged walking. Physical examination revealed zero to 120 degrees range of motion, minimal effusion, and medial joint line tenderness. The treating physician recommended a home exercise program. This review is for eight additional sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY X 8 RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Postsurgical Rehabilitative Guidelines recommend up to twelve physical therapy sessions over twelve weeks for up to six months following

meniscectomy. The Postsurgical Guidelines also state that in cases where there is no functional improvement demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine phase. The claimant shall be evaluated following continuation of therapy when necessary and no later than every 4-5 days from the last evaluation to document functional improvement to continue physical therapy. Frequency of visits shall be gradually reduced or discontinued as the claimant gains independence in management of symptoms and with achievement of functional goals. The medical records provided for review document that as of 09/04/14, the treating physician recommended that the claimant transition and advance to a home exercise program. There is no documentation presented for review suggesting that there are barriers in place which would prevent the claimant from transitioning to a home exercise program. Additional physical therapy at this time would exceed the California MTUS Postsurgical Rehabilitation Guidelines. There is no documentation to explain how additional therapy would continue to advance the claimant's progress or improve his overall short and long term prognosis. Based on the documentation presented for review and in accordance with California Postsurgical Rehabilitation Guidelines, the request for eight additional sessions of physical therapy for the right knee cannot be considered medically necessary