

Case Number:	CM14-0167331		
Date Assigned:	10/14/2014	Date of Injury:	02/23/1996
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 64-year-old gentleman who sustained a right knee injury as a result of a slip and fall on 02/23/96. The medical records provided for review included the 09/09/14 progress report documenting that the claimant had an MRI scan showing no acute evidence of meniscal tearing. Physical examination showed restricted range of motion from zero to 90 degrees, a positive McMurray's test, mild effusion, and diffuse tenderness to palpation. The treating physician recommended a right knee arthroscopy, synovectomy, and meniscectomy. The 09/30/14 Utilization Review determination did not authorize the procedure due to lack of imaging findings supporting the surgery. This review is for the postoperative request for eight sessions of physical therapy, the purchase of a Polar Care unit and use of a brace in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Post operative physical therapy sessions, twice a week for four weeks for the 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 MTUS Postsurgical Rehabilitation Guidelines do not support the request for eight sessions of postoperative physical therapy. In this case, the index procedure

has not been recommended as medically necessary based upon the 09/30/14 Utilization Review determination. Therefore, the request for post-operative physical therapy is also not medically necessary.