

Case Number:	CM14-0176466		
Date Assigned:	10/29/2014	Date of Injury:	07/11/2003
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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 53-year-old male with a 7/11/03 date of injury. According to a progress report dated 10/9/14, the patient status post right knee diagnostic and operative arthroscopy with partial medial meniscectomy of the right knee on 8/11/14. He stated that he has completed all 11 sessions of formal physical therapy, however, he is unhappy with that. The provider has requested 12 more sessions at a different physical therapy center. Objective findings: well-healed arthroscopic portals, extension from 0 to 130 degrees. Diagnostic impression: complex medial meniscal tear of the right knee, right knee status post diagnostic and operative arthroscopy with partial medial meniscectomy on 8/11/14. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/21/14 modified the request from 12 post-op therapy sessions to 2 sessions to transition the patient to a dynamic home exercise program. He has completed 11/12 post-op therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Post op physical therapy two times a week for six weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical Treatment Guidelines - Knee Meniscectomy.

Decision rationale: If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. However, in the present case, this patient has completed 11 sessions of post-surgical physical therapy for diagnostic and operative arthroscopy with partial medial meniscectomy on 8/11/14. Guidelines support up to 12 visits over 12 weeks post-surgical treatment. An additional 12 sessions would exceed guideline recommendations. The UR decision dated 10/21/14 modified the request from 12 post-op therapy sessions to 2 sessions to transition the patient to a dynamic home exercise program. Therefore, the request for Post op physical therapy two times a week for six weeks to the right knee was not medically necessary.