

Case Number:	CM14-0176510		
Date Assigned:	10/29/2014	Date of Injury:	02/27/2014
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/24/2014

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 Minnesota. 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:

The injured worker is a 54 year old obese male who injured his right knee on 2/27/2014. He failed to improve and underwent arthroscopy of the right knee on 7/28/2014. The findings included internal derangement of the knee with torn medial and lateral menisci and chondromalacia. The medial meniscal tear involved the body and posterior horn and was associated with grade 3 osteoarthritis of the medial femoral condyle and medial tibial plateau. The lateral meniscal tear also involved the body and posterior horn. The procedure included sub-total medial meniscectomy and partial lateral meniscectomy with chondroplasty of the medial tibial plateau. Post-operatively he was a bit slow in regaining the range of motion and strength. He attended 12 physical therapy sessions. His range of motion is 5-115 degrees with slight discomfort. The disputed request pertains to additional 2 x 4 sessions of physical therapy without documentation of continuing objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy for the right knee two 2 times a week for four weeks (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25,10,11.

Decision rationale: The guidelines indicate Post-surgical treatment of 12 visits over 12 weeks for meniscectomy on page 24 and the same for chondromalacia on page 25. The post-surgical physical medicine period is 6 months for meniscectomy and 4 months for chondromalacia. The initial course of therapy is 6 visits and with documentation of functional improvement a subsequent course of therapy of up to 6 more visits may be prescribed. If it is determined that additional objective functional improvement can be accomplished it may be continued. However, there is no documentation indicating continuing objective functional improvement. Transition to a home exercise program is therefore recommended. The additional Physical Therapy 2 x 4 as requested exceeds the guidelines and is not medically necessary.