

Case Number:	CM14-0182103		
Date Assigned:	11/06/2014	Date of Injury:	07/07/2013
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with a date of injury of 01/07/2013. The listed diagnoses per [REDACTED] are: 1. Complex medial meniscal tear, left knee, status post left knee arthroscopy on 05/09/2014. 2. Status post viscosupplementation of the left knee completed on 09/25/2014. According to progress report 09/25/2014, the patient presents for reevaluation of the left knee following diagnostic operative arthroscopy with partial medial meniscectomy on 05/09/2014. Treater states the patient has grade 3 medial patellar facet chondromalacia. Examination of the left knee revealed "no intraarticular fusion, well-healed portals, and negative McMurray's." It was noted that the patient is making slow and steady progress in physical therapy and the treating physician recommended continuation of PT once a week for the next 6 weeks. Utilization Review denied the request on 10/08/2014. Treatment reports from 05/22/2014 through 09/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for six weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS postsurgical treatment guidelines Page(s): 24 and 25.

Decision rationale: This patient is status post left knee arthroscopic partial medial meniscectomy on 05/09/2014. The treater is requesting continuation of physical therapy once a week for six weeks for the left knee. The MTUS postsurgical treatment guidelines page 24 and 25 support 12 visits over 12 weeks for knee meniscectomy. Review of the medical file indicates the patient has completed 33 postop physical therapy sessions following the 05/09/2014 left knee surgery. Physical therapy progress reports are not provided for review. Report 09/25/2014, indicates the patient has made slowly and steady progress, but continues to have difficulty with prolonged kneeling and holding in a deep squat position. In this case, the patient has participated in ample postop therapy with some residual symptoms. The treater does not discuss why the patient is not able to transition into a self-directed home exercise program. Furthermore, the treater's request for additional 6 sessions, with the 33 already received, exceeds what is recommended by MTUS. The request is not medically necessary.