

Case Number:	CM14-0183635		
Date Assigned:	11/10/2014	Date of Injury:	02/05/2013
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pennsylvania. 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 46-year-old female who reported an injury on 02/05/2013. The mechanism of injury was a slip and fall. Her diagnoses included left knee medial meniscus tear, chondromalacia, and anterior cruciate ligament (ACL) sprain, injected 08/13/2014. Her past treatments included medications, physical therapy, aqua therapy, and chiropractic treatment. Diagnostic studies included an MRI of the left knee, performed on 01/28/2014, which was noted to reveal a tear in the posterior horn of the medial meniscus, mild chondromalacia of the patella, and evidence of mild chronic sprain of the ACL without tear. On 09/10/2014, the injured worker complained of significant left knee pain with popping, catching, clicking, and giving way. The physical examination revealed range of motion of the left knee at 0 to 140 degrees, tender medial joint line, and a positive McMurray's. Her current medications were not listed. The treatment plan included a partial medial meniscectomy of the left knee, postoperative physical therapy, and crutches. A request was received for 12 sessions of postoperative physical therapy for the left knee. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of post-operative physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24.

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

Decision rationale: The request for 12 sessions of postoperative physical therapy for the left knee is not medically necessary. California MTUS Guidelines recommend 12 visits of physical therapy within 6 months of a meniscectomy of the knee. The most recent physician note indicated that a recommendation was made for a partial medial meniscectomy of the left knee. However, there was no documentation to indicate that the surgery was approved and performed, ruling out the need for postoperative physical therapy at this time. In the absence of documentation with evidence of a completed surgery of the left knee, the request is not supported. Therefore, the request is not medically necessary.