

Case Number:	CM14-0184801		
Date Assigned:	11/12/2014	Date of Injury:	07/27/2012
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine 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 54 year-old female with date of injury 07/27/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/18/2014, lists subjective complaints as pain in the right knee. Patient is status post right medial meniscectomy as an outpatient. Objective findings: Examination of the right knee revealed tenderness to palpation of the medial and lateral joint space and the superior aspect of the patella. Range of motion was 115 degrees for flexion and 140 degrees for extension. Motor strength was 4/5 for the right knee and ankle. Positive Varus and Valgus stress test. Diagnosis: 1. Cervical spine myoligamentous injury 2. Post-op right medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Operative Physical Therapy 2x for 6 weeks Right Knee for Post -Op Right Medial Meniscectomy of as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Section 9792.24. 3, page 24, of the Postsurgical Treatment Guidelines provide for postsurgical therapy after meniscectomy allowing 12 visits over 12 weeks and a postsurgical physical medicine treatment period of 6 months. The request for Twelve Post-operative Physical Therapy 2x for 6 weeks Right Knee for Post -Op right Medial Meniscectomy as an outpatient are medically necessary.