

Case Number:	CM14-0020954		
Date Assigned:	04/30/2014	Date of Injury:	12/15/2011
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family Practice has a subspecialty in Preventive 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:

This patient sustained a work injury on 12/15/11 involving the knees. He had a diagnosis of knee strain and a right meniscal tear. An exam note on 8/5/13 noted: tenderness to touch at the medial joint line, swelling and reduced strength in the right knee. Trigger point injections, acupuncture oral analgesics and a surgical consultation were requested. On 10/18/13 the claimant underwent knee arthroscopy with debridement and chondroplasty of patella chondromallacia and repair of the right medial meniscus. He received postoperative physical therapy and continued until January 2014. An exam note on 1/28/14 indicated the claimant had been wearing a knee brace and had improvement in pain after a prior knee injection. Exam findings included tenderness to touch at the medial joint line, swelling and reduced strength in the right knee. The treating physician recommended home exercise program and physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Physical therapy / rehabilitation are recommended for postoperative case of ACL repairs. Therapy for initial visits may be necessary after which a home exercise program can be continued. In this case, the claimant was performing home exercises Therapy was performed for several months- beyond the amount recommended by the guidelines. Based on the above, additional 4 weeks of therapy is not medically necessary.