

Case Number:	CM14-0021121		
Date Assigned:	05/07/2014	Date of Injury:	06/13/2013
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 51-year-old male sustained an industrial injury 6/13/13. The mechanism of injury is not documented. He underwent left knee arthroscopic partial medial and lateral meniscectomy, medial and lateral compartment synovectomy, and removal of loose bodies on 11/14/13. The 1/13/14 treating physician report indicated the patient had stopped taking Norco and completed 10 sessions of physical therapy. He was having problems with squatting, walking greater than one block and lifting weights. Physical exam documented positive left quadriceps muscle spasms, negative McMurray's and Apley's, decreased left knee sensation, and decreased left knee flexion/extension strength. Additional physical therapy was requested 2x4. The 1/28/14 orthopedic progress report stated the patient had completed 12/12 physical therapy session with a slight increase in strength and range of motion. The patient complained of numbness on the medial side of his knee and an intermittent burning sensation, at night and after prolonged walking. Physical exam findings documented full extension and flexion limited to 110 degrees on the left (135 degrees on the right). There was no effusion or ligamentous laxity, and slight tenderness around the left knee arthroscopic portal scars. The treatment plan recommended continued physical therapy for knee rehab 2 times per week for 4 to 6 weeks, progressing therapeutic exercise to targeted physical conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TOTAL 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The 2/10/14 utilization review modified the request for 8 additional physical therapy visits and certified 3 for maturation and transition to an independent home exercise program. There is no compelling reason submitted to support the medical necessity of additional care. The patient had completed the guideline recommended general course of 12 post-operative visits with slight improvement in strength and range of motion documented. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. Therefore, this request for 8 additional sessions of physical therapy is not medically necessary.