

Case Number:	CM14-0021389		
Date Assigned:	05/07/2014	Date of Injury:	01/17/2013
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
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 Emergency 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:

Patient with reported date of injury on 1/17/2013. Mechanism of injury reportedly from a fall onto L knee at work. Patient has a diagnosis of bilateral knee pain, R knee post operative pain and R meniscus tear. Patient is post R knee partial meniscectomy(4/8/13). Multiple medical records from primary treating physician and consultants reviewed. Last report available until 12/16/13. Pre-operative note mentions that patient has complains of R knee pains but also has L knee pains. Pre operative exam shows tenderness to medial and lateral joint of L knee with minimal swelling. Has mod pain with meniscal maneuvers at medial meniscus. Patient had arthroscopic surgery on L knee for meniscal tear on 12/16/13. Post-operative note notes an uncomplicated procedure. There are no notes provided on follow up after the operative stay. Patient is currently on norco and prilosec. Xray of L knee(1/21/13) reveals small joint effusion.MRI of L knee(8/30/13) reveals posterior horn of medial meniscus tear. Utilization review is for post operative physical therapy to L knee 3 times a week for 6weeks. Prior UR on 2/13/14 modified physical therapy to 1 visit once a week for 6weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY TO LEFT KNEE 3 TIMES PER WEEK FOR 6 WEEKS: 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): 25.

Decision rationale: MTUS Post-Surgical Treatment Guidelines recommend up to 4months of physical medicine treatment and 12 visits over 12weeks of treatment. The requested number of physical therapy sessions are excessive with a total of 18 requested sessions. The number of sessions does not meet the MTUS recommendations and is therefore the request is not medically necessary.