

Case Number:	CM14-0023057		
Date Assigned:	03/07/2014	Date of Injury:	11/13/2012
Decision Date:	07/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 claimant is a 52-year-old gentleman who experienced an acute onset of left knee complaints on November 13, 2012 when he stepped backwards and fell. The clinical records provided for review document that following a course of conservative care, the claimant underwent knee arthroscopy, partial medial meniscectomy and chondroplasty on April 17, 2013. Postoperative treatment has included more than twelve sessions of physical therapy. Due to persistent pain postoperatively, the report of an MR arthrogram dated December 9, 2013 showed evidence of a prior partial medial meniscectomy with multi-compartmental degenerative change. The follow up assessment on January 21, 2014 noted moderate left knee pain localized to the medial joint line. Examination was documented as positive McMurray's testing, medial joint line tenderness to palpation and good range of motion with good quadriceps strength. There is a current request for twelve additional sessions of physical therapy for the claimant's postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Physical Therapy Visits Between 2/12/2014 and 3/29/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines do not recommend the request for continued physical therapy of twelve sessions. The claimant's postoperative care has included over twelve physical therapy sessions. The claimant's most recent physical examination does not identify any indication of a functional deficit with full range of motion documented and no evidence of weakness with full strength noted to the quadriceps. The Postsurgical Guidelines recommend up to twelve postoperative therapy sessions which have been provided to the claimant. It would be unclear as to why transition to a home exercise program could not occur or other forms of conservative care would not be considered. There is no documentation in the records to support that this claimant would be an exception to the standard treatment recommendations and the request in this case would not be supported as medically necessary.