

Case Number:	CM14-0032958		
Date Assigned:	04/18/2014	Date of Injury:	11/20/2011
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 Texas and Alaska. 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 injured worker is a 45 year old male who reported an injury on 11/20/2011 secondary to an unknown mechanism of injury. He was diagnosed with left knee internal derangement and chondral defect, and he underwent an arthroscopic left medial meniscectomy and abrasion arthroplasty on 10/30/2013 according to the operative report provided. He was evaluated during a follow-up visit on 11/14/2013 and reported manageable discomfort in the left knee. He also reported that most of his pain at the time related to the low back and right knee. On physical exam, the injured worker was noted to have positive patellofemoral crepitation of the left knee with medial and lateral joint line tenderness. He was also noted to have an unequivocal McMurray exam, mild muscular atrophy, mild effusion, and mild range of motion restriction in the left knee. The injured worker has been recommended for postoperative physical therapy x 12 sessions. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY X 12 SESSIONS: Upheld

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

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

Decision rationale: The request for postoperative 12 physical therapy sessions is non-certified. California MTUS Post-Surgical Treatment Guidelines recommend an initial course of 6 visits of post-operative physical therapy following a meniscectomy. Guidelines state that with objective documentation of functional improvement, a subsequent course of therapy shall be prescribed. The request for 12 sessions of physical therapy exceeds the recommended guidelines. As such, the request for 12 postoperative physical therapy sessions is not medically necessary and appropriate.