

Case Number:	CM14-0035641		
Date Assigned:	06/23/2014	Date of Injury:	05/24/2013
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery and is licensed to practice 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 49-year-old female sustained an industrial injury on 5/24/13, when she slipped and struck her knee and elbow on the floor. The patient underwent left knee arthroscopy with resection of a lateral meniscus tear on 12/27/13. The 1/21/14 treating physician note indicated the patient had completed 3 sessions of physical therapy. She was able to flex and did not have significant pain. The 2/24/14 physical therapy evaluation noted the patient was off crutches. She complained of a little pain with nearly full left knee extension and flexion. Records indicated 15 visits had been completed. The 3/6/14 utilization review denied the 2/27/14 request for additional post-op physical therapy 2x3 as there were no apparent functional deficits and insufficient documentation or rationale to support the medical necessity of additional physical therapy. The 3/18/14 treating physician report indicated the left knee felt better. Physical therapy was done, but she continued to perform a home exercise program. There was minimal anterolateral knee pain. Physical exam documented tenderness over the anterolateral portal, good flexion and extension, and no rotational pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Under consideration is a request for a request for additional post-operative physical therapy 2 times per week for 3 weeks. The California 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. Guideline criteria have not been met. The patient completed the general course of therapy recommended by guidelines. Records indicated the patient had minimal residual pain with good range of motion. No functional deficits were documented. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. Therefore, this request for additional post-operative physical therapy 2 times per week for 3 weeks is not medically necessary.