

Case Number:	CM14-0038411		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2013
Decision Date:	08/06/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 38 year old male who was injured on 11/01/2013. He sustained an injury when he flexed his leg in various positions causing pressure to the knee. He reported sharp medial and lateral pain of the left knee. He has been treated with physical therapy in the past. Progress report dated 01/09/2014 indicates the patient complained of left knee pain and swelling. He has catching and giveaway. He rates the pain as an 8/10. Objective findings on exam revealed an antalgic gait. Range of motion on the right is 0/130 and on the left is 0/120. He has positive MJL; positive McMurray's. He is diagnosed with left knee medial meniscus tear. The treatment and plan included physical therapy, and obtain x-rays of the left knee. Prior utilization review dated 02/25/2014 states the request for post-operative physical therapy three times a week for four weeks of the left knee is partially authorized to approve once a week for four weeks post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s) : 24,25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical

medical treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends physical therapy for the treatment of the post operative knee for 12 visits for a 12 week period. The medical records document that the patient has clinical findings consistent with internal derangement. Further, the documents show that there has been a request for surgery and it is currently pending. Therefore, the request for post-operative physical therapy three times a week for four weeks of the left knee is not medically necessary and appropriate.