

Case Number:	CM14-0053518		
Date Assigned:	07/07/2014	Date of Injury:	07/28/2013
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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 65-year-old female who reported an injury on 07/28/2013, mechanism unknown. The patient complained of frequent minimal occasional moderate pain in the left knee. The injured worker complained of pain that is still and is at level 3 on a scale of 1 to 10 and it is worse when she bends the knee. She feels better when she rests. On the physical examination dated 08/20/2014, examination of the knee revealed no obvious deformities of the knee joint or surrounding muscle. There was no swelling around the knee. The range of motion of the left knee was flexion at 135 degrees, extension at 0 degrees. The injured worker's diagnosis was status post left knee arthroscopy with partial lateral meniscectomy. The injured worker is not taking any medications at this time. The injured worker underwent surgery of the left knee on 01/28/2014 for a partial meniscectomy. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 3 x week x 3 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation ODG-knee & leg.

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

Decision rationale: The injured worker underwent a partial meniscectomy of the left knee on 01/28/2014. The injured worker states that she has gotten 70% better postoperatively. The California Medical Treatment Utilization Schedule Postsurgical Guidelines recommend up to 6 sessions for physical therapy for an initial trial following meniscectomy, for a total of 12 visits over 12 weeks. There was no documentation from physical therapy of a functional deficit that would establish a medical need for additional physical therapy. As such, the request for additional physical therapy 3 x week x 3 weeks left knee is not medically necessary and appropriate.