

Case Number:	CM14-0056272		
Date Assigned:	07/09/2014	Date of Injury:	12/04/2012
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 41-year-old female who was reportedly injured on December 4, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 2, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated range of motion of the left knee from 0 to 135. There was mild effusion and mild crepitus. Diagnostic imaging studies of the left knee noted a degenerative tear of the posterior horn of the medial and lateral meniscus, anterior compartment osteoarthritis, and a small joint effusion. Previous treatment included left knee surgery for an arthroscopic synovectomy, lateral meniscectomy and chondroplasty was performed on January 2, 2014 with 11 visits of postoperative Physical Therapy. A request was made for Physical Therapy once a week for three weeks for the left knee and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x 3 for the left: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, the recommendation for Physical Therapy for postoperative meniscus debridement and chondroplasty is a total of 12 visits over 12 weeks' time. According to the medical record the injured employee has participated in 11 visits thus far, and the most recent progress note dated February 2, 2014 indicated that the injured employee has full range of motion of the left knee with minimal effusion. Considering these factors, this request for additional Physical Therapy once a week for three weeks for the left knee is found to be not medically necessary.