

Case Number:	CM14-0059368		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2013
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 43-year-old female sustained an industrial injury on 3/19/13. The injury occurred when she was on a ladder cleaning windows, and she slipped and fell landing on her knees. The patient underwent left arthroscopic partial medial meniscectomy and complete synovectomy on 2/20/14. The 4/4/14 physical therapy note indicated the patient had completed 9/12 authorized visits. The patient was making good progress in therapy with improving functional mobility and 30 minutes walking/standing tolerance. She had regained full range of motion but continued to lack quadriceps muscle tone, lower extremity strength, and balance. Quadriceps tone was noted as fair + with 4/5 left knee flexion weakness. Physical therapy was recommended for 4 additional weeks. The 4/14/14 treating physician report documented excellent wound healing with no signs of infection. Left knee range of motion was 0-110 degrees. The patient was advised to continue with formal supervised physical therapy. The 4/25/14 utilization review denied the request for additional physical therapy as there were no specific functional deficits documented regarding the left knee to support additional skilled care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 then 1x4, left knee: Upheld

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

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

Decision rationale: The MTUS Postsurgical 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 most recent physical therapy note documented completion of 9 of 12 visits. Range of motion was full and functional mobility had increased. There was residual 4/5 left knee flexion weakness and quadriceps tone was noted as fair +. There is no compelling reason to support the medical necessity of supervised physical therapy beyond the three remaining authorized visits and an independent home exercise program. Therefore, the request is not medically necessary and appropriate.