

Case Number:	CM14-0067272		
Date Assigned:	07/11/2014	Date of Injury:	11/14/2013
Decision Date:	08/21/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The patient is a 63 year old claimant with reported industrial injury on 11/14/13. Claimant is status post right knee arthroscopy with medial and lateral meniscectomy with chondroplasty and plica resection on 3/13/14. Claimant has had 11 sessions of physical therapy in records submitted. Exam note from 4/30/14 demonstrates claimant with complaint of right knee pain with increased swelling with walking. Report is made of no buckling and no locking. Exam demonstrates an antalgic limp with mild effusion and tenderness medially. Active motion with pain is noted in recorded. Motor strength is noted to be 3/5 strength.

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 3 times weekly for 4 weeks, right knee: Upheld

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

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 4/30/14 does not

demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. The claimant has had 11 visits of therapy to date postoperatively. Therefore the request exceeds the recommended amount and the request for additional post-operative physical therapy 3 times weekly for 4 weeks, right knee is not medically necessary and appropriate.