

Case Number:	CM14-0080867		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2013
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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 injured worker is a 39-year-old male who reported an injury on 11/12/2013. The mechanism of injury was not stated. The current diagnoses include right knee anterior/posterior horn tear of the lateral meniscus, status post right knee arthroscopy on 04/02/2014, the right knee patella chondromalacia and right ankle tear of the peroneus brevis. The injured worker was evaluated on 05/12/2014 with complaints of persistent right knee pain and residual swelling. Physical examination revealed tenderness to palpation, hypertrophy at the lateral portal, negative effusion, and positive crepitus. The treatment recommendations include additional physical therapy for the right knee. An operative report was submitted on 04/02/2014, indicating that the injured worker underwent a right knee arthroscopy with subtotal lateral meniscectomy and chondroplasty of the lateral tibial plateau and lateral femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice weekly for 4 weeks for 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): 24-25.

Decision rationale: The California MTUS Guidelines indicate the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for 8 sessions of Physical Therapy would exceed guideline recommendations. It is also noted that the injured worker has participated in Postoperative Physical Therapy however there was no documentation of the initial course with evidence of objective functional improvement that would warrant the need for additional treatment. Based on the clinical information received, the request for Physical Therapy twice weekly for 4 weeks for right knee is not medically necessary.