

Case Number:	CM14-0086426		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2011
Decision Date:	10/07/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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:

Patient is an injured worker who is status post right partial medial meniscectomy and chondroplasty on 3/21/14. Mechanism of injury was slip and fall and knee hyperextension. Date of injury was 05-18-2011. Progress report dated 5/12/14 documented subjective complaints of mild to moderate sharp pain in the right knee. Physical examination showed that there were joint pain, joint swelling, muscle weakness and stiffness. Examination of the right knee showed that there were pain and tenderness at the medial, patellar tendon that was minimal. The patient was neurovascularly intact. The active and passive ranges of motion in degrees demonstrated flexion 135 and extension 0 degrees. The muscle strength of the quadriceps was 4/5. There was tenderness to palpation of the right knee medially over the surgical incision. There was a mild post-surgical effusion. The patient was diagnosed with derangement of medial meniscus and enthesopathy of knee. Current medications included Norco and Tramadol. The patient had right partial medial meniscectomy and chondroplasty on 3/21/14. The patient had 8 sessions of physical therapy after the surgery. The treatment plan was for 8 more sessions of physical therapy. Utilization review determination date was 5-29-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 4 weeks for the right knee: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for meniscectomy, derangement of meniscus, and tear of meniscus of knee, 12 visits of post-surgical physical therapy (PT) over 12 weeks are recommended. Medical records document that right partial medial meniscectomy and chondroplasty surgery was performed on 3/21/14. The patient has completed eight sessions of physical therapy. MTUS guidelines limit post-surgical physical therapy to 12 visits. When 12 visits have been completed, additional physical therapy is a consideration if functional improvement are documented. The request for 8 additional physical therapy visits, for a total of 16 post-surgical PT visits, is not supported by MTUS Postsurgical Treatment Guidelines. Therefore, the request for Physical Therapy 2X week X4 weeks right knee is not medically necessary.