

Case Number:	CM14-0172295		
Date Assigned:	10/24/2014	Date of Injury:	04/16/2008
Decision Date:	01/23/2015	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/17/2014

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 claimant is a 59 year old male with an industrial injury dated 04/16/08. MRI of the left knee dated 04/18/14 reveals a meniscal tear. Exam note dated 08/19/14 states the patient returns with back and left knee pain. The patient states the pain is localized around the medial joint line. The patient explains having difficulty walking completely, along with trouble squatting and twisting. Current medications include Naprosyn. X-rays reveal maintained joint spaces and some spurring. Upon physical exam the patient demonstrated 0 degrees-140 degrees range of motion of the left knee. There was minimal swelling around the area and no patellofemoral crepitus. There was tenderness along the medial joint line. The patient demonstrated pain with the McMurray's test but had stable ligaments overall. Treatment includes a left knee partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postsurgical physical therapy for the left knee 2 times a week for 3 weeks, QTY: 6 sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Meniscectomy

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

Decision rationale: According to the California MTUS Postsurgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. As the request is in line with the Postsurgical Treatment Guidelines following partial medial meniscectomy, the request is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.