

Case Number:	CM14-0184644		
Date Assigned:	11/12/2014	Date of Injury:	12/20/2012
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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:

Claimant is with reported industrial injury of 1/220/12. MRI left knee from March 13, 2014 demonstrates moderate effusion with lateral extrusion of the body and anterior horn lateral meniscus. Significant tear of the lateral meniscus with high probability representing either a radial tear or tear the posterior root lateral meniscus is noted. Exam from 5/7/2014 demonstrates that the claimant has had physical therapy as well as modified activity including bracing. Exam note August 8, 2014 demonstrates complaints of left knee symptoms. Examination demonstrates the palpation of the medial lateral joint lines as well as a positive McMurray's test and positive Lachman's test. Range of motion is from 5-125. Request is made for arthroscopic surgery for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 request exceeds of the initial visits allowed which are 6. Therefore the determination is not medically necessary.