

Case Number:	CM14-0186235		
Date Assigned:	11/14/2014	Date of Injury:	11/13/2013
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 32-year-old male with an 11/13/13 date of injury, and meniscectomy and ACL reconstruction in April, 2014. At the time (10/20/14) of request for authorization for Associated surgical service: 8 Post-operative Physical Therapy visits, there is documentation of subjective (left knee pain) and objective (restricted range of motion of the left knee due to pain) findings, imaging findings (MRI of the left knee (10/6/14) report revealed a flap tear of the lateral meniscus with meniscal tissue posterior to the anterior horn, mild effusion with synovitis, and post-surgical scarring in Hoffa's fat pad), current diagnoses (left knee lateral meniscus tear and arthrofibrosis), and treatment to date (physical therapy and medications). Medical reports identify documentation of a left knee partial lateral meniscectomy, meniscal repair, lysis of adhesions with general anesthesia surgery that has been certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 8 Post-operative Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Therapy (PT)

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee lateral meniscus tear and arthrofibrosis. In addition, there is documentation of a pending Left knee partial lateral meniscectomy, meniscal repair, lysis of adhesions with general anesthesia surgery that has been certified/authorized. However, the requested 8 Post-operative Physical Therapy visits exceed guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.