

Case Number:	CM14-0186432		
Date Assigned:	11/14/2014	Date of Injury:	03/20/2013
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 59-year-old female with a 3/20/13 date of injury and status post left knee lateral meniscectomy for complex tear of lateral meniscus 12/9/13. At the time (10/31/14) of request for authorization for post-operative physical therapy two to three times four left knee, there is documentation of subjective (left knee pain) and objective (slight swelling, tenderness in the medial joint line, tenderness in the posterolateral joint line, extension lag of 5 degrees and flexion of 115 degrees, 4+/5 quadriceps power) findings, imaging findings (left knee magnetic resonance imaging (MRI) arthrogram (10/1/14) report revealed suspected prior partial meniscectomy, tricompartmental osteoarthritis most severe in the medial femorotibial compartment, and synovitis), current diagnoses (chondromalacia left knee, rule out recurrent tear of meniscus versus chondral flap), and treatment to date (injections, physical therapy, medications, and activity modification). 10/29/14 medical report identifies a certification for a left knee operative scope, possible meniscectomy, and possible chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 2-3x4 Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Post-surgical 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, California MTUS post surgical 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. California 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. Within the medical information available for review, there is documentation of diagnoses of chondromalacia left knee, rule out recurrent tear of meniscus versus chondral flap). In addition, there is documentation of a pending surgery that is medically necessary. However, the requested post-operative physical therapy two to three times four exceeds guidelines for an initial course of physical therapy following surgery (1/2 the number of sessions). Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy two to three times four left knee is not medically necessary.