

Case Number:	CM14-0207978		
Date Assigned:	12/19/2014	Date of Injury:	08/09/2013
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 8/9/2013 as he stepped down a stairway, his leg giving out, and causing him to fall. He was diagnosed with right knee medial compartment arthrosis. He was treated with meniscectomy and chondroplasty on 5/8/2014. He was treated with medications, and physical therapy. The worker was seen on 11/3/14 by his treating physician reporting ongoing medial compartment arthrosis and pain, rated at 8/10 on the pain scale. It was reported that he had only completed 20 sessions of physical therapy. He reported his work not being able to accommodate his modified duty request, and so he was not working at the time. Physical examination of the right knee revealed mild antalgic gait, mild varus knee alignment, mild knee effusion, tenderness over medial compartment with mild crepitus, nontender laterally, negative Homan's, and distal neurovascular intact. He was then injected with Synvisc in the right knee and recommended he continue his home exercises and gym exercises, as well as complete additional supervised physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of post operative physical therapy: Upheld

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

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a meniscectomy/chondroplasty such as in the case of this worker, up to 12 sessions of supervised physical therapy over 12 weeks is recommended. In the case of this worker, however, it was reported that as much as 20 sessions of supervised therapy was completed already before this request for additional sessions was made. There was no explanation provided in the documents as to the reasoning for the additional supervised sessions. The worker had been performing home and gym exercises without report of difficulty. Therefore, the additional 6 sessions of physical therapy are not medically necessary, according to the evidence found in the documents provided for review.