

Case Number:	CM14-0059167		
Date Assigned:	07/09/2014	Date of Injury:	12/20/2012
Decision Date:	01/12/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, Maryland, and New York. 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:

Patient is 44 year old male who had an injury on 12/20/2012 to his left knee. He is status post arthroscopy and was doing relatively well. He was currently in physical therapy but reports to have injured his knee in therapy and the pain is worse once again. MRI of the left knee is consistent with moderate effusion along with 5 mm lateral extrusion of the body and anterior horn of the lateral meniscus as a portion of the posterior horn indicating a significant tear of the lateral meniscus with questionable ACL tear. He is also complaining of occasional locking and grinding. Exam revealed crepitus, range of motion of about 10-20 degrees only, good strength, but tenderness over the lateral joint line along with positive McMurray's test. Based on the clinical documents; patient has failed conservative treatment and activity modification. He is once again status post left knee arthroscopy. There is questionable argument regarding the necessity of 12 PT sessions in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy two (2) times a week for six (6) weeks: 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 CA MTUS guidelines on post-surgical treatment guidelines states that the initial course of therapy after meniscectomy is 12 visits over 12 weeks or one session per week. This order exceeds the recommended visits as per the CA MTUS guidelines, therefore, the 12 sessions over 6 weeks of physical therapy is not medically necessary.