

Case Number:	CM15-0005687		
Date Assigned:	01/20/2015	Date of Injury:	01/14/2013
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old male was injured 1/14/13. The mechanism of injury was not noted. Currently the injured worker is experiencing constant, sharp, stabbing left knee pain, left ankle pain, right hand pain, difficulty with decreased range of motion of the left knee with inability to kneel and difficulty navigating stairs. Specific medications were not found. His diagnoses include carpal tunnel syndrome; left medial meniscus tear; left ankle sprain and status post left knee arthroscopy. The injured workers treatments included 8 sessions of physical therapy to the left ankle and 16 sessions of post-operative physical therapy to the left knee. Diagnostic studies included electromyography and nerve conduction studies of the cervical spine (1/24/14); MRI of the left ankle and knee (3/19/14). Based on the current difficulties additional physical therapy was requested by the treating physician. On 1/6/15 Utilization review non-certified the request for additional post-operative physical therapy to the left knee X12 based on the injured worker having received the 16 therapy sessions exceeding guideline recommendations for post-operative physical therapy. MTUS: Postsurgical treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy (PT) Left Knee (x12): 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 injured worker underwent arthroscopy of the left knee with a partial medial meniscectomy on 10/22/2014. At the time of surgery he was found to have a horizontal tear of the body and posterior horn of the medial meniscus associated with grade 2 chondromalacia. A partial medial meniscectomy was performed. Postoperatively he received 16 physical therapy sessions. On 12/17/2014 an additional 12 sessions were requested. California MTUS postsurgical treatment guidelines recommend 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is 6 visits and then with documentation of continuing functional improvement a subsequent course of therapy of 6 visits may be prescribed. The injured worker had completed 16 visits and was familiar with the home exercise program. There was no reason given why he could not transition to a home exercise program at that time. Therefore the request for an additional 12 visits exceeded the guidelines and the medical necessity of the request is not substantiated.