

Case Number:	CM15-0102075		
Date Assigned:	06/04/2015	Date of Injury:	01/28/2015
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 50 year old male, who sustained an industrial injury on January 28, 2015. He reported right knee pain after falling onto his knees. The injured worker was diagnosed as having a torn meniscus and chondromalacia of the right knee. In February 2015, an MRI of the right knee revealed a tear of the posterior horn and mid zone of the medial meniscus with a truncated meniscus and displaced fractures peripheral to the lid zone as well as adjacent to the posterior horn root ligament insertion. There was inner free edge fraying/subtle defect of the mid zone of the lateral meniscus. There was a chronic partial tear of the anterior cruciate ligament with laxity/attenuation of proximal fibers; mild anterior drawer sign is suggested. Chronic medial cruciate ligament tear and low-grade degenerative changes with joint effusion and ruptured popliteal cyst. On March 4, 2015, he underwent a right knee arthroscopic partial medial and partial lateral meniscectomy. Treatment to date has included physical therapy, work modifications, and a home exercise program. On April 29, 2015, the physical therapist noted the injured worker following a right knee meniscectomy had completed 10 sessions of physical therapy with phonophoresis, massage/mobilization, manual resistive exercises, seated stair climber, Bosu for balance, and riding a stationary bike. On May 1, 2015, the treating physician notes continued improvement with physical therapy and the main issue is weakness. The physical exam revealed a satisfactory gait, decreased quad atrophy (vastus medialis oblique), decreased weakness, full and stable range of motion, Neurocirculation was intact. His work status is to remain off work. The treatment plan includes 9 sessions of post-op physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Post-op physical therapy sessions for the right knee: 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 claimant sustained a work injury in January 2015 and underwent a right knee arthroscopic partial meniscectomy in March 2015. When seen, he had completed 10 postoperative therapy sessions. He was continuing to improve with treatments. Physical examination findings included full range of motion. He had left quadriceps atrophy and weakness. Additional physical therapy was requested for strengthening. Post surgical treatment after knee the arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of additional post-operative therapy visits is in excess of that recommendation or what would be needed to establish or revise a home exercise program. A daily home exercise program with strengthening exercises would best meet this claimant's needs. The request for this number of additional therapy sessions is not medically necessary.