

Case Number:	CM15-0010200		
Date Assigned:	01/27/2015	Date of Injury:	12/11/2012
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

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

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 44 year old male was injured 12/16/14 in an industrial accident involving a fall. Currently he is experiencing left knee pain and swelling. His pain level is constant at 3-4/10. He is using Norco as needed. Treatments included physical therapy. Diagnoses were status post arthroscopic medial meniscectomy, chondroplasty of the patellofemoral groove (5/3/13). Diagnostic studies were computed tomography of the left knee (10/3/14), radiographs (9/3/14) and MRI arthrogram of the left knee (11/13/13), MRI of the left knee (3/8/13). The treating physician has requested pre-operative medical clearance for a "second look" procedure due to patient's persistent pain. The request also includes a diagnostic arthroscopy of the left knee and post-operative physical therapy X6 for the left knee. On 12/16/14 Utilization Review non-certified the request for post-operative physical therapy X 6 to the left knee citing MTUS: Knee Complaints: Post-operative Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of post-op Physical Therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 & 25.

Decision rationale: 6 sessions of post-op Physical Therapy for the left knee is not medically necessary per the MTUS Post Surgical Treatment Guidelines. Although the amount of request is reasonable for the patient's possible diagnostic arthroscopy of the left knee, the documentation does not state that this procedure was deemed medically necessary and therefore the request for post op therapy cannot be certified.