

Case Number:	CM15-0015862		
Date Assigned:	02/03/2015	Date of Injury:	07/20/2014
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained a work related injury on 7/20/14. The diagnoses have included lateral meniscus tear right knee, derangement lateral meniscus right knee, right knee pain, right knee effusion, right knee strain and cartilage wear right knee. Treatments to date have included oral medications, x-rays right knee, MRI right knee, physical therapy, cool compresses, and home exercise program. In the PR-2 dated 10/20/14, the injured worker complains of intermittent, achy pain in right knee. He rates the pain a 2-3/10 with taking ibuprofen. On 1/23/15, Utilization Review modified a request for post-operative physical therapy visits x 12 for right knee to post-operative physical therapy x 6. The California MTUS, Postsurgical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy visits x 12 to 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: This patient has a remote history of arthroscopy to the right knee in 1991. Currently the patient was injured on 07/20/2014 when he stepped into a pothole and his right knee buckled. The patient was diagnosed with a right knee lateral meniscus tear. An orthopedic follow up note of 12/17/2014 notes that the patient failed extensive conservative treatment, and therefore surgery was requested for a right knee arthroscopy with partial lateral meniscectomy versus a lateral meniscal repair. That surgery was improved in the initial utilization review. The California Medical Treatment Utilization Schedule Post Surgical Treatment Guidelines section on the knee, page 24 recommends 12 visits over 12 weeks after meniscectomy surgery. Six of those visits would be recommended for initial physical therapy. Therefore, this is a prospective request for postoperative physical therapy. The request for 12 visits exceeds the treatment guidelines of 6 additional visits. The records do not provide an alternative rationale to exceed these guidelines. Therefore, this request is not medically necessary.