MAXIMUS Federal Services

Case Number:	CM15-0131197		
Date Assigned:	07/22/2015	Date of Injury:	08/01/2001
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: Illinois, California, Texas
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 injured worker is a 65-year-old male who sustained an industrial injury on 8/1/01, relative to repetitive work activities. He was diagnosed with cervical sprain/strain, lumbar sprain/strain, bilateral wrist tenosynovitis, carpal tunnel syndrome, and left knee osteoarthritis and lateral and medial meniscus tear. Conservative treatment included physical therapy, acupuncture, medications, and activity modification. He underwent right knee arthroscopic partial medial and lateral meniscectomy, synovectomy, loose body removal and chondroplasty on 8/6/14, and left knee arthroscopy with medial and lateral meniscectomy on 4/24/15. The 5/29/15 orthopedic surgery report indicated that the injured worker was one-month status post left knee arthroscopy. Physical exam documented excellent wound healing, range of motion 0-120 degrees, and moderate effusion. The injured worker was advised to continue home cryotherapy and begin formal physical therapy. Authorization was requested for post-operative physical therapy for the left knee, 3 times a week for 4 weeks, then 2 times a week for 4 weeks and then once a week for 4 weeks. The 6/11/15 utilization review non-certified the request for post-operative physical therapy for the left knee as it was unclear how much physical therapy the injured worker had completed since surgery, and there was no indication why a home exercise program would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3x4, then 2x4, then 1x4 for the Left 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 California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This injured worker underwent left knee arthroscopic meniscectomy on 4/24/15. Records suggest that this is the initial request for post-operative physical therapy. Guidelines would support a total of 12 visits for the general course of post-operative physical medicine treatment. This request for 24 visits markedly exceeds guidelines recommendations with no rationale to support an exception to guidelines at this time. Therefore, this request is not medically necessary.