

Case Number:	CM15-0133295		
Date Assigned:	07/21/2015	Date of Injury:	08/14/2013
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 38 year old male with an industrial injury dated 08/14/2013. The mechanism of injury was documented as stepping in a hole while carrying a beam with injury to left knee. He was post-surgical arthroscopy with partial medial meniscectomy (04/14/2015). His diagnoses included sprain knee/leg and internal derangement of knee. Prior treatment included diagnostics, heat and cold therapy, medications and surgery. He presents on 04/21/2015 post one physical therapy treatment. He was still walking with his crutches. There were no signs of infection. Physical exam noted the wounds were benign with no redness, drainage or erythema. Thigh and calf were soft without signs of deep vein thrombosis. There was diffuse mild swelling. Distally the limb was neurovascularly intact. There was a small effusion. There was full extension and he could flex to about 100 degrees. Treatment plan included to continue physical therapy. Treatment request is for additional postoperative physical therapy to the left knee, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy to the left knee, twice a week for six weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Post-surgical Treatment Guidelines state that following arthroscopy and meniscectomy of the knee, up to 12 sessions of supervised physical therapy is warranted to help build strength and range of motion. Additional physical therapy can be continued in the form of home exercises as instructed by the physical therapist and treating physician. In the case of this worker on 4/14/15, he had left knee arthroscopy with partial medial meniscectomy followed by physical therapy. The records suggested that he attended six sessions of physical therapy before this request for an additional 12 sessions, which if approved would be a total of 18 sessions which is more than necessary and more than recommended by the Guidelines. Therefore, this request is not medically necessary.