

Case Number:	CM15-0139011		
Date Assigned:	07/21/2015	Date of Injury:	09/18/2013
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Hawaii

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 61-year-old male who sustained an industrial injury on 9/18/13 from a trip and fall injuring his left knee. He was medically evaluated and MRI of the left knee demonstrated a medial meniscus tear. He currently (6/12/15) complains of left knee pain and weakness; bilateral shoulder pain. There was left knee tenderness noted. He still uses a cane for ambulation. Medications were not specifically identified. Diagnoses include complex tear posterior horn of the medial meniscus; diabetes, status post arthroscopy of the left knee with partial medial meniscectomy (4/21/15); left knee sprain/ strain; contusion of knee; internal derangement of knee; sciatica. In the progress note dated 6/12/15 the treating provider's plan of care includes a request for post-operative physical therapy to the left knee 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Knee Post-Operative, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

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

Decision rationale: The patient presents with pain and weakness in the left knee and is still relying on a cane to ambulate. The current request is for 12 post-operative physical therapy session for the left knee. Patient is post left knee arthroscopy surgery with partial medial meniscectomy, 4/21/15. UR modified the decision to 6 physical therapy sessions for the left knee. The treating physician requests on 6/12/15 (62B), "therapy 3x4 weeks". MTUS Post Surgical Treatment Guidelines state, "Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks, Postsurgical physical medicine treatment period: 4 months." The Post Surgical MTUS Guidelines recommend a total of 12 post surgical treatments over 12 weeks. In this case, the patient was previously approved to 18 post-operative physical therapy sessions per the UR dated 5/6/15 (50B). The request for an additional 12 sessions would exceed the MTUS recommend number of 12 total sessions for this diagnosis. The current request is not medically necessary.