

Case Number:	CM15-0146251		
Date Assigned:	08/07/2015	Date of Injury:	09/21/2013
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: Montana, Oregon, Idaho

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:

The injured worker is a 30 year old male who sustained an industrial injury on 9-21-13. In an operative report dated 7-1-15, the physician notes post-operative diagnoses as status post history of left knee subtotal-total meniscectomy, left knee varus deformity, left knee early osteoarthritis-grade 2 left femoral condyle, and status post recent history of left knee arthroscopy with staging. It is noted the injured worker had ongoing complaints of left medial knee pain and developing varus deformity. He has a history of a left knee arthroscopy and high tibial osteotomy on 4-13-15. The postoperative plan is that he will be touchdown weight bearing the first 2 weeks and advance to full weight bearing as tolerated the additional 4 weeks. He will walk with his brace locked in full extension for 6 weeks following surgery and then be converted to a medial unloader brace and begin formal physical therapy to work on passive and active flexion and extension of the knee .In a preliminary report dated 7-7-15, the physician notes it is imperative he begins formal physical therapy at this point for his meniscal transplantation and high tibial osteotomy. He will need to be in therapy 3 times a week for 6 weeks. He is totally temporarily disabled. The requested treatment is postoperative physical therapy, 18 sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy, 18 sessions, 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. In this case the request exceeds the initial allowable visits, therefore the request for 18 sessions of physical therapy for the left knee is not medically necessary.