

Case Number:	CM15-0206768		
Date Assigned:	10/23/2015	Date of Injury:	12/17/2009
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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 61-year-old male who sustained an industrial injury on 12/17/09. The mechanism of injury was not documented. He underwent a right knee medial and lateral meniscus repair on 8/19/15. Twelve visits of post-op physical therapy were approved at the time of the initial surgical authorization. The 8/31/15 treating physician report indicated that injured worker was status post right knee arthroscopic intra-articular surgery. Wounds were clean and dry, and sutures were out. Gait was good. The injured worker was to start physical therapy and follow-up in one month. Authorization was requested on 9/21/15 for post-operative physical therapy 3 times per week for 6 weeks for the right knee. The 9/25/15 utilization review non-certified this request for 18 visits of post-op physical therapy for the right knee as 12 sessions had already been approved for post-operative treatment and there was no documentation of response from prior physical therapy. The 9/28/15 treating physician report indicated that the injured worker had right knee pain. Gait was within normal limits. Range of motion was 0-90 degrees. The injured worker had not started physical therapy as yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3 x 6 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The California Post-Surgical Treatment Guidelines for knee intra-articular surgery suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. Twelve post-operative physical therapy visits were reportedly approved for this injured worker following the 8/19/15 right knee surgery consistent with guidelines. There is no evidence that the approved physical therapy has been provided or has resulted in functional benefit. Physical therapy in the post-operative period would be reasonable for this injured worker up to 12 visits. This request for 18 visits exceeds the total recommended general course of post-operative treatment. Therefore, this request is not medically necessary.