

Case Number:	CM15-0220486		
Date Assigned:	11/13/2015	Date of Injury:	07/28/2015
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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, New York
 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 45 year old male, who sustained an industrial injury on July 28, 2015. The injured worker was diagnosed as having right knee medial meniscal tear. Treatment and diagnostic studies to date has included physical therapy, magnetic resonance imaging of the right lower extremity joint on September 11, 2015, at least 6 sessions of physical therapy, x-rays of the knee, and medication regimen. In an initial evaluation dated October 09, 2015 the treating physician reports complaints of radiating pain to the right knee along with the knee giving way. Examination performed on October 09, 2015 was revealing for an antalgic limp to the right lower extremity, tenderness to the medial joint line and "mild" pain with range of motion to the right knee. The injured worker's pain level on October 09, 2015 was rated a 4 to 8 out of 10. On October 09, 2015 the treating physician noted x-rays performed on July 31 that was revealing to be negative and a magnetic resonance imaging of the right knee that was revealing for a tear in the posterior portion of the medial meniscus and "mild" articular cartilage thinning. On October 09, 2015 the treating physician requested 12 sessions of post-operative physical therapy to the right knee with the treating physician noting that arthroscopic surgery was recommended for the injured worker and that post-operatively the injured worker will be "temporarily totally disabled for about 10 days". On October 26, 2015 the Utilization Review determined the request for 12 sessions of post-operative physical therapy to the right knee to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -op physical therapy 12 sessions for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The request is considered medically necessary. As per MTUS guidelines for post-operative physical therapy, tear of medial/lateral cartilage/meniscus of knee warrants 12 physical therapy visits over 12 weeks post-operatively. Therefore, the request for 12 physical therapy sessions is considered medically necessary.