

Case Number:	CM15-0040661		
Date Assigned:	03/10/2015	Date of Injury:	12/12/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on December 12, 2013. He reported pain of the left hand, low back, shoulders, knees, and feet. The injured worker was diagnosed as having a right knee internal derangement/medial meniscus tear. On January 6, 2015, an MRI of the right knee was performed. On January 13, 2015, the injured worker complained of right knee pain with physical exam revealing mildly decreased range of motion, positive medial joint line tenderness, positive McMurray's and Slocum's tests, positive patella compression test, and normal motor testing and deep tendon reflexes. The treatment plan includes right knee arthroscopy with partial medial meniscectomy and chondroplasty and postoperative physical therapy. Utilization Review modified the request for 15 visits to physical therapy to 6 visits, citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative: 15 Physical Therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Utilization review modified the request for 15 visits to physical therapy post-operatively to 6 visits of physical therapy, which is reasonable based on the guidelines. The "initial course of therapy" is reasonably interpreted as one half of the number of visits specified in the general course of therapy for the specific surgery (right knee arthroscopy with partial medial meniscectomy and chondroplasty) in the post surgical physical medicine treatment recommendations described. Re-evaluation and documentation of evidence of functional improvement may warrant further treatment. The general course of therapy for meniscal damage and operative repair as in this case warrants a total of 12 possible visits to physical therapy, a total still less than the initial request. As utilization review found no substantiation for 15 visits based on peer to peer discussion with the treating physician, and no further documents have been provided to substantiate greater than the 6 visits per modified request, the request for 15 visits is not found to be medically necessary in this case.