

Case Number:	CM15-0047364		
Date Assigned:	03/19/2015	Date of Injury:	07/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 29 year old male, who sustained an industrial injury on 7/22/14. He reported left knee injury. The injured worker was diagnosed as having left knee injury. The injured worker was diagnosed as contusion of left knee, left knee strain and torn lateral meniscus left knee. Treatment to date has included physical therapy, activity restrictions, partial lateral meniscectomy of left knee and 14 post op physical therapy sessions. Currently, the injured worker complains of pain and decreased range of motion of left knee. The injured worker recently underwent left knee surgery on 11/18/14; the treatment plan consisted of additional post-op physical therapy for quad strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 4 weeks, 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: The MTUS guidelines recommend 12 sessions of post operative therapy for menisectomy. In this case, the injured worker has completed 14 sessions of post-operative physical therapy treatments to date. The request for additional therapy has been submitted for quad strengthening. However, by now after 14 sessions of therapy, the injured worker should be educated in a home exercise program and should be able to independently perform an exercise regimen to strengthen his quadriceps muscles. The medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise program. The request for Post-operative physical therapy 2 times a week for 4 weeks, left knee is not medically necessary.