

Case Number:	CM15-0056102		
Date Assigned:	04/01/2015	Date of Injury:	10/15/2014
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 40-year-old male who sustained an industrial injury on 10/15/2014. He reported pain in the right knee. The injured worker was diagnosed as having a meniscal tear. Treatment to date has included diagnostic MRI of the right knee, use of a knee brace, non-steroidal anti-inflammatory medication and physical therapy (which has worsened his symptoms). Currently, the injured worker complains of popping and pain, catching and locking in the knee joint. He has been given Mobic and Tramadol for pain and is using a knee brace with modifications to his activity. A request was made for a right knee arthroscopy with medial meniscus surgery and related procedures, one (1) pair of crutches and eight (8) post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend an initial 6-visits of therapy following meniscectomy, with additional sessions supported based upon documentation of objective functional improvement. Within the documentation available for review, the requesting physician is not identified why additional therapy sessions in excess of that recommended by guidelines would be indicated. Unfortunately, there is no provision for modification of the current request. As such, the current request for eight (8) post-operative physical therapy sessions is not medically necessary.