

Case Number:	CM15-0057374		
Date Assigned:	04/02/2015	Date of Injury:	06/23/2014
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 is a 33 year old, female who sustained a work related injury on 6/23/14. The diagnoses have included complex tear of lateral meniscus of the right knee, arthritic changes of the lateral tibial plateau and large imperforate suprapatellar plica. Treatments have included right knee surgery, range of motion exercises, limiting weight bearing, use of crutches, an MRI of her right knee, right knee injections, and medications. In the Workers Compensation Established Patient Evaluation dated 1/13/15, the injured worker has mild trace effusion in right knee. She is "doing quite well." The treatment plan is for physical therapy. Patient underwent knee arthroscopy with meniscectomy and chondroplasty. 12 postoperative PT sessions have already been authorized, but the patient was noted to have been noncompliant and has not started the PT that was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x week x 12 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

Decision rationale: Regarding the request for physical therapy, CA MTUS recommends up to 12 sessions after meniscectomy, with half that amount recommended initially and additional sessions in the presence of functional improvement. Within the documentation available for review, there is noted to be noncompliance as the patient has not yet begun the 12 postoperative PT sessions that were previously authorized. As the patient has 12 pending PT sessions, the current request is redundant and not indicated at this time. In light of the above issues, the currently requested physical therapy is not medically necessary.