

Case Number:	CM15-0060711		
Date Assigned:	04/06/2015	Date of Injury:	08/17/2013
Decision Date:	05/05/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

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 53 year old female who sustained an industrial injury to her knees when she slipped and fell on ice on August 17, 2013. The injured worker failed conservative measures for a left meniscus tear and underwent a left arthroscopic partial medial meniscectomy and chondroplasty of the trochlea on November 8, 2013 followed by physical therapy. The injured worker showed slow improvement and required steroid injections and left knee aspirations. A recent left knee magnetic resonance imaging (MRI) was performed on February 13, 2015. The injured worker was diagnosed with right medial meniscus tear and left medial meniscus tear and loose body. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience bilateral knee pain, (left worse than the right). Examination of the left knee demonstrates patellofemoral and medial line tenderness with a positive McMurray's test. A small effusion is noted with decreased strength and range of motion. Examination of the right knee is more painful laterally without patellofemoral tenderness, positive McMurray's test, decreased strength and range of motion. A small effusion is also noted on the right knee. Current medications are listed as Norco and Ibuprofen. Treatment plan was for a left knee meniscectomy and loose body removal. The current request in this review is for prospective 12 sessions of physical therapy post-op to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative physical therapy 2 times a week for 6 weeks to the left knee:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
27.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for knee pain. Arthroscopic surgery for repair of a recurrent left knee meniscal tear is planned. Being requested is authorization for post-operative physical therapy. Post surgical treatment after the arthroscopy planned includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore is medically necessary.