

Case Number:	CM15-0082590		
Date Assigned:	05/05/2015	Date of Injury:	04/11/2012
Decision Date:	06/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 42-year-old female who sustained an industrial injury on April 11, 2012. She reported an injury to her left knee. Previous treatment includes left knee arthroscopy, physical therapy, activity modifications, injections and medications. Currently the injured worker complains of continued left knee pain. She underwent left knee arthroscopy, partial lateral meniscectomy, decompression of parameniscal cyst, anterior interval release and anterior fat pad release on January 16, 2015. A request for continued post-operative physical therapy was made. The documentation submitted was not clear on whether post-operative physical therapy sessions had been initiated and completed or if any functional improvement gains related to the completed physical therapy had been achieved. Diagnoses associated with the request include meniscus tear of the knee and status post left knee arthroscopy. The treatment plan includes post-operative physical therapy, medications, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2x4 left knee: 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.