

Case Number:	CM14-0006529		
Date Assigned:	03/03/2014	Date of Injury:	07/17/2012
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who has submitted a claim for internal derangement of knee, status post right knee arthroscopy (10/24/2012); associated from an industrial injury date of 07/17/2012. Medical records from 07/22/2013 to 11/26/2013 were reviewed and showed that patient continued to have mechanical symptoms of his right knee including clicking, popping, catching, and locking. There was also pain and weakness of the right knee. Physical examination showed tenderness to the proximal patellar tendon and medial joint line. McMurray's and Apley's tests were positive. Range of motion is 0 to 125 degrees. Right knee arthrogram, dated 09/19/2013, revealed complex tears of the posterior horn of the medial meniscus with an oblique component extending to the under surface of this structure. Treatment to date has included Synovisc One injection, Naproxen, Protonix, and right knee arthroscopy (10/24/2012). Utilization review, dated 01/05/2014, modified the request for 12 physical therapy sessions to 6 physical therapy sessions because guidelines recommend an initial therapy to be ½ the number of visits specified in the postsurgical physical medicine treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY X 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As stated on page 25 of CA MTUS Post-Surgical Treatment Guidelines, 12 visits of physical therapy in 12 weeks over a 6 month postsurgical physical medicine period is recommended for repair of meniscal tears. In this case, a progress report, dated 11/26/2013, states that patient is awaiting authorization for a revision diagnostic and operative arthroscopy of the right knee. However, it is not clear whether the proposed operation was performed due to lack of documentation. The present request is dependent upon the fulfillment of the proposed operation. Therefore, the request for post-operative physical therapy x 12 visits, is not medically necessary.