

Case Number:	CM14-0107223		
Date Assigned:	08/01/2014	Date of Injury:	05/08/2013
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopedic Surgery 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:

This is a 36 year old male claimant with reported industrial injury dated 05/08/13. The claimant is status post right knee meniscal repair on 2/6/14. Exam note 08/19/14 states the patient returns with right knee pain and weakness. Current medications include Naprosyn and the patient has no gastrointestinal complaints. Physical exam of the right knee and left knee demonstrates there is no deformity or spasm. The patient walks with a right lower extremity antalgic gait. Range of motion was noted as normal for both knees in terms of extension, with a flexion of 130 degrees for the right knee and 135 degrees for the left. Exam demonstrates that anterior drawer, pivot-shift, and posterior drawer test were all noted as negative. In addition, there was no medial collateral tenderness present on the left or right. The patient demonstrates normal sensation and normal reflexes. Clinical impression is notes as due to the previous arthroscopic meniscectomy and debridement there is improvement in the quadriceps strength. Records demonstrate claimant has participated in 12 visits of therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12:
Upheld

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

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

Decision rationale: The MTUS/Post surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. The records demonstrate that 12 visits have been completed. There is no evidence of a new injury in the cited records or objective evidence in the exam note from 8/19/14 to support further visits beyond guideline recommendation. Therefore the request for additional visits exceeds the guideline. Therefore, postoperative physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12 is not medically necessary.