

Case Number:	CM14-0126104		
Date Assigned:	08/13/2014	Date of Injury:	05/10/2013
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family 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:

42 year old male had a date of injury 5/10/13. Patient fell while climbing a ladder and sort of jammed his leg in between the steps of the ladder while at work. MRI left knee on 8/13/13 showed macerated tearing of the lateral meniscus with probable prior partial meniscectomy. Patient underwent left knee arthroscopic meniscectomy on 5/28/14. Patient has a diagnosis of Left knee tear of medial meniscus status post arthroscopic meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for Left 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): 24.

Decision rationale: According to guidelines controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. Guidelines recommend physical therapy for postsurgical meniscectomy of 12 visits over 12 weeks

and not 2 visits per week for 6 weeks. Therefore, the request for Physical Therapy 2 times a week for 6 weeks for Left Knee is not medically necessary and appropriate.