

Case Number:	CM14-0128873		
Date Assigned:	09/22/2014	Date of Injury:	09/09/2013
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 40-year-old male with a date of injury of 09/09/2013. The listed diagnosis per [REDACTED] is left knee medial meniscus tear status post repair. According to progress report 7/16/2014, the patient is status post arthroscopic multi-compartmental synovectomy and anterior horn medial meniscectomy of the left knee from 02/13/2014. The patient continues with residual "tolerable left knee discomfort at rest." The patient reports sharp pain to the medial knee with rising from a sitting position. It was noted the patient has completed initial physical therapy rehabilitation and is awaiting authorization for additional physical therapy (PT) sessions. Examination revealed notable discomfort in a seated position. Range of motion revealed flexion 140 degrees and extension 0 degrees. Provider is requesting additional 2 x 4 postop physical therapy sessions. Utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

#3 Post-operative Physical Therapy 2X4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee
Page(s): 24, 25.

Decision rationale: This patient is status post left knee meniscectomy on 02/13/2014. The provider is requesting additional 8 postoperative physical therapy sessions. Provider states the patient has completed the "normal postop 12 visits plus an additional 12 visits for total of 24 visits." The MTUS Guidelines page 24 and 25 recommends for postsurgical treatment after meniscectomy 12 visits over 12 weeks. In this case, the provider does not explain what can be accomplished with additional therapy and why a transition into a home program is not appropriate. Furthermore, the provider's request for 8 additional physical therapy sessions exceeds what is recommended by MTUS. Recommendation is for denial.