

Case Number:	CM14-0133577		
Date Assigned:	08/27/2014	Date of Injury:	02/22/2014
Decision Date:	10/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Surgeon, Sports 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 injured worker is a 56-year-old male who reported an injury on 02/23/2014. The mechanism of injury involved a fall. The current diagnosis is status post right knee arthroscopy with partial medial meniscectomy. The injured worker underwent a right knee meniscectomy on 06/23/2014. Previous conservative treatment includes pre-operative physical therapy. The latest physician progress report submitted for this review is documented on 06/25/2014. The injured worker presented 2 days status post surgery. Physical examination revealed no acute distress. Physical examination of the right knee revealed clean and dry incisions without any evidence of drainage or infection. Range of motion was not tested on that date. Treatment recommendations included initiation of formal physical therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Physical Therapy 2 Times A Week for 4 Weeks Right Knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee,
Page(s): 10, 25.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Physical medicine treatment following a meniscectomy includes 12 visits over 12 weeks. The current request is for additional postoperative physical therapy. However, there is no documentation of the initial course of treatment with evidence of objective functional improvement. Therefore, the current request is not medically appropriate at this time.