

Case Number:	CM14-0142812		
Date Assigned:	09/10/2014	Date of Injury:	04/09/2013
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 and 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 50-year-old female with a date of injury of 04/09/2013. The listed diagnoses per [REDACTED] are: 1. Right knee internal derangement, repair. 2. Left knee sprain/strain. According to progress report 08/04/2014, the patient is status post right knee arthroscopic medial and lateral meniscectomy on 06/12/2014. The patient has completed 12 postop rehabilitation sessions and "functional improvement was established." Examination revealed right flexion 105 degrees with tenderness. The right knee revealed moderate tenderness and left knee revealed edema. The treater is requesting additional postop physical therapy 2 times per week for 6 weeks for the right knee. Utilization review denied the request on 08/21/2014. Treatment reports from 11/20/2013 through 08/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS Guidelines page 24 and 25 recommends for post-surgical Page(s): 24 AND 25.

Decision rationale: This patient is status post right knee arthroscopic medial and lateral meniscectomy on 06/12/2014. The treater states that the patient has completed postop rehab with functional improvement. Her range of motion has been restored and strength has improved; however, she continues to have difficulty with prolonged standing and walking. He would like to request additional 12 visits which should be sufficient to return her back to work. The MTUS Guidelines page 24 and 25 recommends for post-surgical treatment after meniscectomy, 12 visits over 12 weeks. In this case, the patient has had 12 sessions of postop therapy already. The treater does not discuss why the patient would not be able to transition to a self-directed home exercise program. Furthermore, the treater's request for additional 12 sessions with the 12 sessions already received exceeds what is recommended by MTUS. Given the above the request is not medically necessary.