

Case Number:	CM14-0159787		
Date Assigned:	10/03/2014	Date of Injury:	11/14/2007
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

This is a 56 year-old female with an 11/14/07 date of injury. Mechanism of injury was a fall onto the right knee. The patient was most recently seen on 8/22/14 with complaints of persistent, albeit improved right knee pain and range of motion, following her knee surgery on 7/10/14. Exam findings revealed trace effusion, with range of motion at 0-110-degrees. Sensation was intact to light touch. Motor strength was not tested. The patient's diagnoses included: 1) Status post Right Knee Meniscectomy, Chondroplasty, Synovectomy; 2) Lumbar Spine Degenerative Disc Disease with Chronic Pain. Treatment to date: Right knee surgery with meniscectomy, chondroplasty and synovectomy; medications and physical therapy. An adverse determination was received on 9/10/14. Twelve additional physical therapy visits post-operatively for the right knee was not considered medically necessary. The request was modified to six additional post-op therapy visits, followed by a transition to a home exercise program for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative physical therapy x 12 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: For postsurgical treatment of meniscectomy, CA MTUS guidelines recommend 12 visits over 12 weeks. This patient is status post meniscectomy of the right knee, subsequent to an industrial injury that occurred on 11/4/07. When seen post-operatively, the patient had trace effusion and limited knee flexion. She had already completed 12 physical therapy sessions in the preceding 8 weeks. However, there is a lack of documentation as to how much the patient was able to perform on her own, hence requiring an additional 12 sessions of supervised therapy. Therefore, the request for post-operative Physical Therapy x 12 for the right knee is not medically necessary.