

Case Number:	CM14-0161127		
Date Assigned:	10/06/2014	Date of Injury:	03/24/2011
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Surgery 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 49-year-old female sustained an industrial injury on 3/24/11. The mechanism of injury was not documented. Past surgical history was positive for left knee arthroscopy meniscal repair on 5/17/12, and revision left knee surgery on 1/23/14. The 5/6/14 knee MRI impression documented a complex tear of the body and posterior horn of the medial meniscus with associated partial extrusion of the meniscal body and medial compartmental degenerative change. There were degenerative changes of the patellar and lateral compartments, and joint effusion. The injured worker underwent left medial meniscectomy, chondroplasty and platelet-rich plasma injection on 8/18/14. The 9/4/14 treating physician report indicated the injured worker was recuperating from surgery and walking with a cane. She was struggling with significant knee pain. She was walking slowly with a significant limp. The injured worker was to begin physical therapy. A request for post-op physical therapy 2x6 was submitted on 9/18/14, with start date of 9/9/14. The 9/25/14 utilization review denied the request for physical therapy as there were no post-op reports of benefit with prior physical therapy or current functional deficits to support additional physical therapy over a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits Left Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 4 to 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, the request for 12 Physical Therapy Visits to Left Knee is medically necessary.