MAXIMUS Federal Services

Case Number:	CM14-0161162		
Date Assigned:	10/06/2014	Date of Injury:	02/26/2013
Decision Date:	11/06/2014	UR Denial Date:	09/24/2014
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 is a 61-year-old male who sustained a vocational injury on 02/26/13 and subsequently underwent left knee arthroscopy with meniscectomy on 06/05/13. The office note dated 09/02/14 noted that the claimant underwent six sessions of postoperative physical therapy and had marked improvement of his low back pain as well as left knee pain but continued to have some stiffness and left knee weakness. The claimant noted that when he walked down stairs he felt that the left knee would give out. On examination, there was tenderness to palpation of the right low back. He had some tightness over that region. Examination of the left knee revealed 0-130 degrees range of motion. There was no significant tenderness to palpation over the medial or lateral joint line. The claimant was noted to have a negative McMurray's. The claimant's diagnosis was status post partial medial meniscectomy of the left knee. A physical therapy note dated 8/29/14 revealed that the claimant had eighteen sessions of postoperative physical therapy which contradicts the office note dated 09/02/14 which noted that there had been only six sessions completed. The current request is for physical therapy to the left knee times six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines recommend up to twelve visits of physical therapy over twelve weeks for up to six months following meniscectomy of the knee. The medical records provide contradicting information as the treating provided documented on 09/02/14 that the claimant had six sessions of physical therapy; however, it is noted in a physical therapy note dated 08/29/14 that the claimant completed eighteen sessions of postoperative physical therapy; the amount would exceed the Postsurgical Guidelines. This would need to be clarified as to the correct and exact quantity of physical therapy that the claimant has received to date prior to considering the medical necessity for additional therapy. Based on the documentation presented for review and in accordance with California Postsurgical Rehabilitation Guidelines, the request for additional physical therapy in the form of six sessions to the left knee cannot be considered medically necessary.