

Case Number:	CM14-0162274		
Date Assigned:	10/07/2014	Date of Injury:	01/28/2010
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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:

Medical records reflect the claimant is a 56 year old male who sustained a work injury on 1-28-10. Medical records reflect the claimant is status post left leg open reduction and internal fixation (ORIF) distal fibula and proximal tibia performed on 2-1-10. On 10-24-14 the claimant underwent left partial medial meniscectomy, complete synovectomy, medial compartment, lateral compartment and anterior intercondylar notch regions, removal of painful cannulated screw and washier, left proximal tibia. On 5-23-14, the claimant underwent left partial medial meniscectomy, arthroscopic complete synovectomy of media compartment, lateral compartment and anterior intercondylar notch region, removal of proximal interlocking screw. Office visit on 8-22-14 notes the claimant has undergone 12 sessions of postop physical therapy with increased range of motion and decreased strength but still had weakness and difficulty standing, walking and climbing.

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 quantity 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter - physical therapy

Decision rationale: Post-Surgical Treatment Guidelines as well as ODG Post-surgical (Meniscectomy): 12 visits over 12 weeks. Medical Records reflect on 5-23-14, the claimant underwent left partial medial meniscectomy, arthroscopic complete synovectomy of media compartment, lateral compartment and anterior intercondylar notch region, removal of proximal interlocking screw. Treatment guidelines also reflect that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). This claimant should be able to transition into a home exercise program, as he has been provided with physical therapy per current treatment guidelines. Therefore, the medical necessity of this request is not established.