

Case Number:	CM14-0166066		
Date Assigned:	10/13/2014	Date of Injury:	12/20/2013
Decision Date:	11/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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:

43-year-old male claimant with an industrial injury dated 12/20/13. Conservative treatments have included acupuncture, cortisone injection, medication, and physical therapy. MRI of the left knee dated 06/30/14 reveals a medial meniscus tear. Exam note 08/12/14 states the patient returns with knee pain. The patient explains that it is enhanced with twisting and turning located in the medial and lateral of the knee. The patient experiences persistent swelling, buckling, catching and locking of the knee. Upon physical exam the patient had a normal range of motion. There was evidence of tenderness over the medial and lateral joint lines. The patient demonstrated a slightly antalgic gait. Treatment includes a left knee arthroscopy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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

Decision rationale: According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial

meniscectomy over a 12-week period. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the recommended 6 initial visits, which is of the allowable visits of 12. Therefore, the request for twelve (12) post-operative physical therapy sessions is not medically necessary and appropriate.