

Case Number:	CM14-0166588		
Date Assigned:	10/13/2014	Date of Injury:	04/05/2014
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
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:

The claimant is a 47-year old gentleman who injured his left knee in a work-related accident on 04/05/14. The medical records provided for review documented that, following a course of conservative care, the claimant underwent left knee arthroscopy with partial medial meniscectomy, an extensive synovectomy and tricompartmental chondroplasty on 06/23/14. Postoperatively, the claimant was authorized to have twelve initial sessions of physical therapy that were obtained. The report of clinical follow-up on 09/08/14 documented that the claimant had decreased pain since the time of surgery but continued to experience crepitation. Formal physical examination findings were not documented in the report. The treating provider recommended twelve additional postoperative sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee; 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records provided for review documented that, following a course of conservative care; the claimant underwent left knee arthroscopy with partial medial meniscectomy, an extensive synovectomy and tricompartmental chondroplasty on 06/23/14.

Postoperatively, the claimant was authorized to have twelve initial sessions of physical therapy that were obtained. The report of clinical follow-up on 09/08/14 documented that the claimant had decreased pain since the time of surgery but continued to experience crepitation. Formal physical examination findings were not documented in the report. The treating provider recommended twelve additional postoperative sessions of physical therapy.