

Case Number:	CM14-0180842		
Date Assigned:	11/05/2014	Date of Injury:	07/22/2013
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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:

72 year old male claimant with an industrial injury dated 07/22/13. The patient is status post arthroscopic medial meniscectomy, chondroplasty of the medial femoral condyle and trochlea, and tricompartmental synovectomy of the right knee dated 03/17/14. The patient has completed 32 sessions of postoperative physical therapy. Exam note 09/04/14 states the patient returns with knee pain. Upon physical exam the patient reveals a satisfactory progressing right knee. The patient demonstrated a full range of motion. There was evidence of medial joint line tenderness. Treatment includes a continuation of medication and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 7 visits Right Knee: Upheld

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

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. In this case the exam note from 9/4/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional

visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonably be transitioned to a self-directed home program. Therefore the request is not medically necessary.