

Case Number:	CM14-0155365		
Date Assigned:	09/25/2014	Date of Injury:	07/06/2012
Decision Date:	05/01/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old female, who sustained an industrial injury on 7/6/2012. The current diagnoses are bilateral knee pain and small posterior horn meniscal tear. Treatment to date has included physical therapy and MRI of the left knee. According to the progress report dated 8/21/2014, the injured worker complains of increased symptoms and buckling of the left knee. The current plan of care includes arthroscopic partial meniscectomy of the left knee and 12 post-op physical therapy sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy x 12 left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient has a date of injury of July 6, 2012 and presents with increase in left knee pain. The current request is for post op physical therapy X 12 left knee. The MTUS

Postsurgical Treatment Guidelines page 24, 25 support 12 visits over 12 weeks following a knee meniscectomy. The patient has participated in a course of eight physical therapy sessions between March 21, 2014 and August 15, 2014. The treating physician has recommended an arthroscopic partial meniscectomy of the left knee and postoperative physical therapy sessions. The Utilization review states that the surgery has not been authorized and progress reports indicate that the patient is pending surgery. In this case, recommendation cannot be made as the requested surgery has not yet been authorized. Until surgery is authorized, postoperative physical therapy IS NOT medically necessary.