

Case Number:	CM14-0202787		
Date Assigned:	12/15/2014	Date of Injury:	07/02/2011
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 54-year-old male who suffered a work injury to the left knee after stepping into a hole on 7/2/11. An MRI of the left knee revealed posterior horn tear of medial meniscus. A left knee medial meniscectomy was performed on 6/13/14. The 10/23/14 attending physician report indicates the patient is feeling better with less pain. Physical examination notes left knee ROM is 0-135 degrees. Mild medial joint pain is noted. Positive McMurray's sign. Additional physical therapy is recommended. The patient is given work restrictions not to exceed 25 lbs lifting. The current diagnoses are: 1. Status-post medial meniscectomy 2. knee sprain/strain 3. myofascial pain. The utilization review report dated 11/3/14 denied the request for Physical therapy twice a week for six weeks for the left knee due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the left knee: Upheld

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

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

Decision rationale: The patient continues to report left knee pain and limited function. The current request is for Physical therapy twice a week for six weeks for the left knee. The attending

physician indicates the patient is improving with less pain and increased function. He requests additional physical therapy. The CA MTUS postsurgical guidelines states that post-surgical physical therapy for meniscectomy is recommended for 12 visits over 12 weeks for up to six months. In this case, the attending physician fails to document any new injuries or extenuating circumstances which would necessitate exceeding the MTUS guidelines. He also fails to explain why the patient is unable to transition into a self-directed home physical therapy program. As such, the request is not medically necessary.