

Case Number:	CM15-0005404		
Date Assigned:	01/16/2015	Date of Injury:	08/26/2014
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 31 year old male with an industrial injury dated 0/26/2014. His diagnoses include lumbar strain, right knee strain, and work related injury. Recent diagnostic testing has included a MRI of the right knee (10/25/2014) which showed evidence of a medial meniscus tear. He has been previously treated with anti-inflammatory medications, chiropractic therapy, and physical therapy. There are no evaluations or progress notes submitted after the initial date of injury and no current objective findings. The treating physician is requesting 12 physical therapy session which was modified by the utilization review. On 12/19/2014, Utilization Review modified a request for post-operative physical therapy for the right knee 12 sessions over 4 weeks to the approval of initial post-operative physical therapy 6 sessions over 2 weeks, noting the recommended guidelines limiting the initial number of sessions to half of the recommendation for this procedure. The MTUS was cited. On 01/10/2015, the injured worker submitted an application for IMR for review of physical medicine procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-operative physical therapy for the right knee; 12 session over 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

Decision rationale: California MTUS Postsurgical treatment guidelines recommend a general course of therapy of 12 visits over 12 weeks for a meniscectomy. The guidelines indicate an initial course of therapy of 6 visits should be prescribed and then with documentation of continuing functional improvement another 6 visits may be prescribed as a subsequent course of therapy. The request as stated is for 12 visits which exceeds the initial course of therapy. As such, the medical necessity of the request is not established.