

Case Number:	CM15-0011926		
Date Assigned:	01/29/2015	Date of Injury:	04/05/2012
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 51-year-old male who reported an injury on 04/05/2012. The injured worker had a left knee arthroscopy on 10/28/2014 followed by 12 sessions of physical therapy. The mechanism of injury was a slip and fall. The injured worker underwent an MRI of the left knee. The documentation of 12/09/2014 revealed the injured worker had pain in the lumbar spine of 5/10 to 6/10. The injured worker had 6/10 pain in the left knee and was noted to have approximately 10 sessions of physical therapy per the physician. The injured worker was noted to have +3 tenderness to palpation of the anterior knee. The injured worker had decreased range of motion and pain. Flexion was 110 degrees and extension was 0 degrees. The McMurray's test caused pain. The diagnoses included status post surgery to the left knee. There was no Request for Authorization submitted for review. The treatment plan included physical therapy 3 times a week x 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures and Manual Therapy and Manipulation, Postsurgical Treatment Guidelines.

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

Decision rationale: The California Postsurgical Treatment Guidelines indicate that the treatment for a meniscus tear of the knee is 12 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone 10 visits of therapy. There was a lack of documentation indicating objective functional benefit that was received from therapy. There was a lack of documentation of remaining objective functional deficits. There was a lack of documentation supporting a necessity for an additional 15 sessions of therapy which would exceed the guideline recommendations. The request as submitted failed to indicate the body part to be treated with therapy. Given the above, and the lack of documentation, the request for fifteen sessions of post-operative physical therapy is not medically necessary.