

Case Number:	CM15-0015914		
Date Assigned:	02/03/2015	Date of Injury:	10/21/2013
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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, Arizona

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 33-year-old male who reported injury on 10/21/2013. The injured worker was noted to undergo an MRI of the left ankle and lumbar spine. The mechanism of injury was noted to be the injured worker was walking along the top of a 15 to 20 foot slope while doing a topographic survey. There was a fallen tree on the path and upon going over to cross the foot his boot caught on the root of the tree and pulled his foot out from under him and he went over the edge of the slope. The injured worker tried to catch his fall by shifting his weight onto his right side but on doing so his right knee buckled and cracked. Prior therapy included physical therapy. The documentation of 12/11/2014 revealed the injured worker would be scheduled for a left knee arthroscopy. The injured worker had decreased range of motion. The request was made for 18 sessions of postoperative physical therapy. The injured worker had an MRI of the lumbar spine and left ankle. The diagnosis included knee tendonitis and bursitis and cruciate ligament sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy to left knee #18: Upheld

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

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

Decision rationale: The California Medical Postsurgical Guidelines recommend the treatment for a tear of the meniscus is 12 visits and the initial therapy is half the recommended number of visits. The clinical documentation submitted for review failed to provide a rationale for 18 sessions of postoperative physical therapy. This request would be appropriate for the initial 6 visits. However, the request for 18 visits would be excessive. Given the above, the request for postoperative physical therapy to left knee is not medically necessary.