

Case Number:	CM15-0016398		
Date Assigned:	02/04/2015	Date of Injury:	09/12/2013
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female who sustained a work related injury September 12, 2013. Past history included right knee lateral meniscectomy-total, arthroscopy abrasion chondroplasty and major synovectomy 9/2014. According to a treating physician's progress report, dated November 19, 2014, the injured worker presented for follow-up of painful and tight right knee with swelling and spasms. Her gait is antalgic on the right side. Objective findings included flexion 110/135, extension 140/180, anterior drawer negative, and McMurray is negative. Treatment plan included a request for additional physical therapy 2 x 3. According to utilization review dated January 26, 2015, the request for Additional Physical Therapy Visits QTY: (6) is non-certified, citing MTUS Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 3 (unspecified): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on September 12, 2013. The medical records provided indicate the diagnosis of right knee lateral meniscectomy-total, arthroscopy abrasion chondroplasty and major synovectomy 9/2014. Treatments have included. The medical records provided for review do not indicate a medical necessity for additional physical therapy 2 x 3 (unspecified).The MTUS postsurgical treatment guidelines recommends a total of 12 visits over 12 weeks for postsurgical physical medicine treatment following Meniscectomy within a postsurgical treatment period of 6 months. The records indicate the injured worker has had about 15 visits after the meniscectomy in 09/2014, the request if for an unspecified number of visits.