

Case Number:	CM15-0019458		
Date Assigned:	02/09/2015	Date of Injury:	05/20/2014
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 75 year old female with an industrial injury dated May 20, 2014. The injured worker diagnoses include status post left knee arthroscopy for a meniscal tear in October 2014. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. She underwent at least 12 sessions of post-operative therapy. According to the progress note dated 1/12/2015, the injured worker reported improvement since surgery. Objective findings revealed point line tenderness in the left knee with full range of motion. There was no effusion or any signs of infection. The treating physician prescribed services for additional post-operative physical therapy twice a week for two weeks for the left knee. Utilization Review determination on January 15, 2015 denied the request for additional post-operative physical therapy twice a week for two weeks for the left knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy twice a week for two weeks for the left knee:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation physical therapy and knee pain

Decision rationale: According to the ODG guidelines, therapy after surgical management for a meniscal tear is limited to 12 visits within 12 weeks. In this case, it has been more than 3 months since the surgery and the claimant has undergone 12 sessions of therapy. There is no indication that additional therapy cannot be performed at home. The request for additional therapy is not medically necessary.