

Case Number:	CM15-0119159		
Date Assigned:	06/29/2015	Date of Injury:	11/05/2014
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male with a November 5, 2014 date of injury. A progress note dated May 18, 2015 documents subjective complaints (right knee pain as well as swelling and feelings of instability), objective findings (mild effusion of the right knee; persistent medial joint line tenderness to palpation; some persistent quadriceps atrophy), and current diagnoses (right femur fracture, healed; right medial meniscus tear). Treatments to date have included physical therapy, exercise, cortisone injections, and imaging studies. The treating physician documented a plan of care that included postoperative physical therapy following a right knee arthroscopic medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative physical therapy 2 times a week for 6 weeks for the right knee:

Upheld

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

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.