

Case Number:	CM15-0129360		
Date Assigned:	07/15/2015	Date of Injury:	10/11/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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:

This 40 year old male sustained an industrial injury on 10/11/13. He subsequently reported Diagnoses include left knee meniscus tear. Treatments to date include MRI testing, knee surgery, physical therapy and prescription pain medications. The injured worker was seen by the treating physician for a postoperative evaluation. Upon examination, the wound is healing well. He has full left knee range of motion and normal strength. No effusion, warmth or overlying erythema was noted. A request for Physiotherapy; nine (9) sessions (2x3, then 1x3) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy; nine (9) sessions (2x3, then 1x3): Upheld

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

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

Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical treatment for derangement of meniscus is 12 visits over 12 weeks and the Post-surgical physical medicine

treatment period is 4 months. The injured worker remains in the post-surgical treatment period. He has completed 15 physical therapy appointments to date. The most recent period review notes that the injured worker's physical exam is normal with full range-of-motion and no pain. He was released to work with no restrictions. There is no indication that the injured worker would benefit from additional visits at this time, therefore, the request for physiotherapy; nine (9) sessions (2x3, then 1x3) is determined to not be medically necessary.