

Case Number:	CM15-0177600		
Date Assigned:	09/18/2015	Date of Injury:	06/18/2014
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 21 year old male sustained an industrial injury on 6-18-14. Documentation indicated that the injured worker was receiving treatment for left knee medial meniscus tear. The injured worker underwent left knee arthroscopy with partial medial and lateral meniscectomy on 4-3-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 7-29-15, the injured worker reported that he had not completed all of his physical therapy due to personal issues. Physical exam was remarkable for left knee with no effusion, range of motion for zero to 120 degrees of flexion without laxity to varus or valgus stress. The injured worker was taking no medications. The treatment plan included continuing and finishing physical therapy twice a week for three weeks. On 8-27-15, Utilization Review noncertified a request for physical therapy for the left knee 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee - 6 Visits - Two (2) Times a Week for Three (3) Weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in June 2014 and underwent an arthroscopic left knee partial medial and lateral meniscectomy on 04/03/15 after falling from a ladder. When seen, he had not completed all of his physical therapy due to scheduling. Physical examination findings included decreased range of motion. Urine drug screening was recommended. Completion of an additional 6 physical therapy treatments was requested. Case note reference completion of 5 treatments. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant had completed a partial course of physical therapy. An assessment after completing the recommended initial course of therapy would be needed to determine whether additional skilled therapy was necessary or likely to provide additional benefit. The request is not considered medically necessary.