

Case Number:	CM15-0179835		
Date Assigned:	09/17/2015	Date of Injury:	03/04/2015
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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, Oregon, Washington
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 injured worker is a 51 year old male, who sustained an industrial injury on 03-04-2015. The injured worker was diagnosed as having status post left knee partial medial and lateral menisectomy 5 weeks prior on medical records dated 08-26-2015. The subjective complaints were noted as completing a course of physical therapy post operatively and left knee is doing much better and feeling less pain than prior to surgery. The physical findings of left knee were noted as mild effusion and mild incisional tenderness. The active range of motion was noted for flexion at 130 on 08-26-2015 and 73 on 07-24-2015. The injured worker underwent a left knee arthroscopic partial medial and lateral menisectomy, chondropasty of patella and tricompartmental synovectomy on 07-17-2015. Treatments to date included medication, home exercise program and 12 sessions of completed physical therapy. The Utilization Review (UR) was dated 09-04-2015. The UR submitted for this medical review indicated that the request for 8 Sessions of post-operative physical therapy 2 times a week for 4 weeks for left knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of post-operative physical therapy 2 times a week for 4 weeks for left knee:
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: 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 allowable visits, the request is not medically necessary.