

Case Number:	CM15-0022178		
Date Assigned:	02/11/2015	Date of Injury:	08/01/2014
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, New York
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:

This 51-year-old man sustained an industrial injury on 8/1/2014 to her neck, back, and bilateral knees as a result of cumulative injury. Current diagnoses include persistent symptomatic cervical radiculitis, persistent and chronic lumbar sprain with signs of radiculitis, and left knee medial meniscus tear and chondromalacia to both knees. Treatment has included oral medications. Physician notes dated 12/30/2014 show complaints of neck, mid and low back, and bilateral knee pain. Recommendations include electromyogram nerve conduction study of the bilateral upper and lower extremities, consultation with a pain management specialist, arthroscopic meniscectomy and debridement for torn medial meniscus of the left knee, pre-operative evaluation for surgical clearance with an internist, post-operative physical therapy, obtain hot/cold therapy unit with compression, and transportation to and from the surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2xwk X 6wks Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

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

Decision rationale: The request is considered medically necessary. The patient is pending arthroscopic meniscectomy and debridement for torn medial meniscus of the left knee. The request is for post-operative physical therapy. According to MTUS guidelines, 12 sessions over 12 weeks is recommended. The initial request was for 18 sessions, which would have exceeded the maximum recommended sessions. It was modified to 12 sessions, which is permissible. Therefore, the request for post-operative physical therapy is considered medically necessary if the patient has the recommended surgery.