

Case Number:	CM15-0072284		
Date Assigned:	04/22/2015	Date of Injury:	07/22/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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:

The injured worker is a 21 year old, male who sustained a work related injury on 7/22/13. He was walking up stairs, fell and landed on his left knee. The diagnoses have included left knee sprain/strain, left knee internal derangement, chondromalacia and medial meniscus tear. The treatments have included an MRI of left knee, physical therapy, knee bracing, knee injections and medications. In the PR-2 dated 3/17/15, the injured worker complains of constant left knee pain. He states the knee gives way and pops. The treatment plan is for surgery on left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 3 times a week for 4 weeks for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for left knee pain. Being planned is an arthroscopic meniscectomy. This request is for post-operative physical therapy. Post surgical treatment after the planned knee arthroscopy

includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore should be considered medically necessary.