

Case Number:	CM13-0049999		
Date Assigned:	12/27/2013	Date of Injury:	04/03/2012
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who reported an injury on 04/03/2012. The mechanism of injury was not provided. The patient was noted to have 0 to 120 degrees of right knee motion with 4/5 weakness but no effusion. The patient was noted to have participated in 19 postoperative physical therapy sessions. The patient's diagnoses were noted to include status post a 07/07/2013 right knee medial meniscectomy, synovectomy and chondroplasty of the patellofemoral joint. The request was made for additional postoperative rehabilitative therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative rehabilitative therapy: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend postsurgical treatment for a meniscectomy of the knee to be 12 visits. The patient was noted to have participated in 19 visits. There was a lack of documentation indicating that the patient had remaining functional deficits to support ongoing therapy. The patient was noted to be participating in a home exercise program; and as such, there was a lack of documentation indicating that the patient needed supervised

therapy. Per the submitted request, there was a lack of documentation indicating the quantity of sessions being requested and the body part that the request was for. Given the above, the request for additional postoperative rehabilitative therapy is not medically necessary.

Diagnostic ultrasound study of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment to Workers Compensation, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Diagnostic Ultrasound.

Decision rationale: Official Disability Guidelines do not recommend diagnostic ultrasound for soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) as these are best evaluated by MR. They indicate that diagnostic ultrasounds are used for guidance for knee joint injections in limited instances. The clinical documentation submitted for review indicated that the patient had pain. The patient was noted to have increased symptoms with stair climbing. The patient was noted to have a positive McMurray's test and an x-ray that showed narrowing of the medial joint line. There was a lack of documentation indicating the rationale for the requested procedure. Given the above, the request for a diagnostic ultrasound study of the left knee is not medically necessary.