

Case Number:	CM13-0053650		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2004
Decision Date:	03/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 54 year-old female who sustained an injury at work on 8/2/04 as a result of a trip and fall. She was diagnosed with right ankle, wrist, and shoulder sprain/strain, lumbar spondylosis, right knee torn lateral meniscus, and degenerative disease. The patient's medical management has included transforaminal epidural steroid injections for the lumbar spine at the bilateral L5-S1, and medication management on 1/9/13, a right knee MRI revealed grade IV tear lateral meniscus and moderate to severe lateral joint space narrowing. On 9/4/13, the patient underwent arthroscopic left knee meniscectomy, chondroplasty lateral compartment, and lateral compartment synovectomy for internal derangement of the left knee. A 9/17/13 office note reveals that the patient has low back and right knee pain. Physical exam reveals flexion is 45, extension is 20, and right and left bending is 30. Sensation on the left leg in the mid lateral calf, anterior thigh, and lateral ankle are intact. Left knee extension, extensor hallucis longus, and plantar flexion are 5/5 in strength. Documentation reveals that there is a prescription dated 10/30/13 physical therapy three times a week for six weeks status post right knee rehabilitation. An 11/4/13 document reveals a request for Authorization for Medical Treatment for physical therapy three times a week for six weeks status post right knee surgery on 9/4/13. There is also a 10/22/13 PR-2 report that documented three relatively recent portal scars on the right with tenderness on the right knee. Sensation is intact at the right mid anterior thigh, right mid lateral calf, and right lateral ankle. There is documentation of a right knee surgery on 9/4/13. Additionally, documentation states that despite the operative report detailing left knee surgery on 9/4/13, it was right knee surgery that was performed. The document also has a treatment plan for Norco, Soma, Motrin, physical therapy, and lumbar shockwave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six lumbar shockwave treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Orthop Sci. 2002;7(1):97-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Lumbar shockwave treatment is not addressed by the MTUS, so the Official Disability Guidelines were used. The ODG does not recommend lumbar shockwave treatment due to limited effectiveness of shockwave for treating low back pain. Therefore, the request is noncertified.

18 sessions of postoperative physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11,24.

Decision rationale: Post surgical rehabilitation guidelines for surgery involving a meniscectomy recommend 12 visits over 12 weeks with an initial course given at first, and then continued if there is evidence of functional improvement. An initial course of 6 visits would be medically appropriate; however the request for 18 postoperative visits exceeds recommended guidelines. Therefore, the request is noncertified.