

Case Number:	CM13-0062132		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2013
Decision Date:	06/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/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 60 year old female who was injured on 08/01/2013. The mechanism of injury is unknown. Prior treatment history has included Motrin and Tramadol, physical therapy and 4 visits to acupuncture. Diagnostic studies reviewed include MRI of the right knee without contrast revealed: 1. Avulsion fracture of the posterior tibial plateau at the tibial attachment of the posterior cruciate ligament is intact. See above discussion. 2. Myxoid degeneration of the intact anterior cruciate ligament 3. Medial collateral ligament sprain 4. Increased linear signal in the posterior horn of the medial meniscus that comes in close proximity to in the inferior articular surface compatible with intrasubstance degeneration; A tear to the inferior articular surface cannot be excluded 5. Intrasubstance degeneration of the lateral meniscus with no surfacing tear 6. Popliteus myotendinous muscle strain 7. Moderate knee joint effusion 8. Intra-articular joint bodies as above 9. Prepatellar soft tissue collection compatible with hematoma PR2 dated 11/13/2013 states the patient presents today still having the same discomfort she was having before. She complains of a burning-type pain along the medial aspect of her right knee with occasional symptoms of locking. She has had no new injuries to her knee. She is able to stand and walk, but states that she has limited standing tolerance before her knee with start to ache. She denies any numbness and tingling. On examination of the right knee, there is no swelling or effusion. She continues to have a considerable amount of medial joint line tenderness. Her motion is from full extension to 120 degrees, limited secondary to the adiposity present in the posterior aspect of her thigh. Hyperflexing her knee does exacerbate her medial compartment symptoms; provocative ligamentous stress testing is otherwise unremarkable. The diagnoses are posterior horn medial meniscus tear, right knee; medial collateral ligament sprain, right knee; and prepatellar contusion, right knee. Given her symptomatology, continued pain despite

physical therapy, acupuncture and bracing, it is the opinion of [REDACTED]; she would be best served by arthroscopic surgery to her knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY 3X3 WEEKS, FOR THE RIGHT KNEE:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 24-25.

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

Decision rationale: As per CA MTUS guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. This patient is diagnosed with right knee posterior horn medial meniscus tear, MCL sprain, and prepatellar contusion and has been authorized for arthroscopic surgery. The request is for post-op PT for 3x3 (total 9 visits) and guidelines recommend 12 postop PT visits for arthroscopic meniscectomy, which is within the guidelines recommendation. Thus, the request is considered medically necessary.