

Case Number:	CM14-0003657		
Date Assigned:	02/03/2014	Date of Injury:	09/27/2012
Decision Date:	10/29/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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:

59 year old male claimant with an industrial injury dated 09/27/12. X-rays of the right knee dated 01/03/13 demonstrate medial and lateral joint space narrowing in addition to loose bodies. The patient is status post right shoulder surgery. Exam note 11/26/13 states the patient returns with neck, and knee pain. The patient states that the right shoulder is doing well since the surgery and he has regained full range of motion. The patient rates the neck pain as a 4/10, along with the right knee pain. The patient has been attending physical therapy but ran out of approved sessions. Current medications include Fioricet, Tramadol, Prilosec, Prozac, and topical creams. Upon physical exam the patient walks with a limp and is unable to squat. In addition, there was evidence of a 3+ medial joint line tenderness, 1+ lateral joint line tenderness, and 2+ patellar-femoral tenderness. The patient also has a 2/4 soft crepitus in the knees bilaterally. The range of motion of the right knee was 0'-90' compared to 0'-100' on the left. Diagnosis is noted as right knee medial meniscus tear and lateral meniscus tear plus osteoarthritis of the right knee, anxiety, insomnia, and morbid obesity. Treatment includes additional physical therapy. Request is made and authorized per utilization review for right knee arthroscopy on 1/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 times a week for 6 weeks: 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the recommended visits. As the request exceeds the initial visits recommended, the request is not medically necessary.