

Case Number:	CM14-0101302		
Date Assigned:	07/30/2014	Date of Injury:	04/28/2010
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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:

The claimant is a 55 years old male with an industrial injury dated 02/28/13. MRI of 05/08/13 demonstrates evidence of chondromalacia of the patella in the left knee. Exam note 09/18/14 states that the patient returns with bilateral knee pain. The patient states that the pain has increased and his quality of sleep is worsening. Current medications include Norco and Voltaren in which the patient reports that the medications are working well in aiding to the pain relief. In the physical exam the patient had a left sides antalgic gait, and a mild imbalance with single limb standing on the left. The lumbar spine range of motion is restricted with flexion limited to 80', and a normal extension. The patient can not walk on toes but can walk on heels. There was evidence of a laceration scar on the right knee joint, range of motion is restricted with flexion limited to 95 degrees with pain. There was tenderness to palpation over the medial joint line. The left knee has patella surrounding the knee joint with no limitation in flexion, extension internal rotation or external rotation. There is tenderness to palpation on the left knee as well. The patient had a negative Lachman's test, pivot shift test, posterior drawer test, reverse pivot shift test, and McMurray's test. Diagnosis was noted as pain in limb, and knee pain. Treatment includes to continue medications and plan for right knee arthroscopy with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks Right Knee: Upheld

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

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 guideline recommends initially of the recommended visits. In this case, the 12 visits exceeds the 6 recommended initially. Therefore, the request is not medically necessary.