

Case Number:	CM14-0175071		
Date Assigned:	10/28/2014	Date of Injury:	01/13/2012
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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:

This 51 year old female claimant with an industrial injury dated 01/13/12. MRI dated 05/13/14 reveals a medial meniscus tear with some fissuring of the cartilage consistent with some mild-to-moderate arthritis. The patient is status post a left knee arthroscopy, partial medial meniscectomy and chondroplasty dated 06/10/14. Exam note 09/08/14 states the patient returns with knee and wrist pain. The patient is status post 12 physical therapy sessions for the knee but still reports stiffness, weakness, and swelling. Upon physical exam of the right knee well-healed incisions were visible. There was a slight effusion present. The patient demonstrated full extension and 130' of flexion. Motor strength was noted as 4/5 of the quads. The patient had hypersensitivity over the incision sites, but appears to be stable to varus and valgus stress. The patient has a slight limp, but states she is starting to feel better overall. There was tenderness over the radial-styloid and over the CMC joint on the left wrist. Also there is a small cyst on the left wrist in which is tender. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Sessions of Physical Therapy for Right Knee 2 X 6: 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. In this case the exam note from 9/8/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the request is not medically necessary and appropriate.