

Case Number:	CM14-0175991		
Date Assigned:	10/29/2014	Date of Injury:	08/13/2013
Decision Date:	12/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 General 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 43 year-old male with an 8/13/13 date of injury. At the time of the injury, the patient was taking boxes off the hand cart when he felt a burning on the right side of the knee. The patient was diagnosed with medial meniscal tear. 9/29/14 Notice of certification indicated that right knee arthroscopic meniscectomy and post-op medication Vicodin was found medically necessary. The requested 12 post-op PT sessions was modified to 6 post-op PT sessions. It was found that an initial 50% of the guideline-associated 12 sessions was reasonable and medically necessary. The 6 sessions would decrease pain, increase ROM and increase strength and functionality. 8/29/14 progress note described complaints of right knee pain and swelling. Clinically, there was swelling, full ROM, equivocal McMurray's and tenderness on the right leg. He had failed conservative treatments including medication and activity modification. Last arthroscopic procedure was on 2/14 which noted generalized degenerative changes particularly of the patellofemoral compartment, large tear of the meniscus involving the anterior horn and full thickness of the right capsule. Treatment option included arthroscopic surgery of the knee. 6/10/14 MRI of the right knee documented surgically absent anterior horn of the lateral meniscus, findings representing combination of degenerative change and tear, degenerative change with peripheral horizontal tear of the posterior horn of the medial meniscus, severe degenerative change with extensive intrasubstance tear and partial tear of the anterior cruciate ligament, degenerative change with intrasubstance cyst formation and partial tear of the posterior cruciate ligament, degenerative change of the patellar tendon without evidence of tear, severe degenerative articular chondromalacia/chondral defect of the lateral and medial patellarfacet, post-surgical changes were noted in the Hoffa's fat pad, and large right knee joint effusion and minimal prepatellar soft tissue swelling. Treatment to date has included medication, activity

modification, cortisone injection, and PT. He underwent right knee partial lateral meniscectomy, debridement/chondroplasty of patellofemoral compartment on 1/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Operative Physical Therapy Sessions: Overturned

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

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

Decision rationale: Medical records reviewed indicate a recent certification of right knee arthroscopic meniscectomy procedure. There is a subsequent request for 12 post-op PT. The requested post-op PT 3x6 is medically necessary and consistent with the guideline recommendations. CA MTUS Postsurgical guideline recommends 12 PT visits for post-operative stage of knee meniscal repair procedure. The request is medically necessary.