

Case Number:	CM14-0181753		
Date Assigned:	11/06/2014	Date of Injury:	04/23/2014
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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:

65 year old male claimant with an industrial injury dated 04/23/14. Exam note 09/05/14 states the patient returns with right knee pain. The patient explains that the pain is radiating to the lower back and down to the right foot. The patient rates the pain a 7-8/10 with numbness and tingling. Upon physical exam there was tenderness over the medial joint and lateral joint line of the right knee. The patient completed a positive Apley's Compression test and McMurray's test. MRI of the right knee reveals narrowing of the medial compartment with subchondral marrow edema and severe chondromalacia. Treatment includes a right knee arthroscopic surgery, physical therapy, and a cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-op physio therapy & exercise 3 x 5 to the right knee:
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, states that 12 visits of therapy are recommended after arthroscopy with

partial meniscectomy over a 12-week period. In this case, the request exceeds the maximum allowable. Therefore the request is not medically necessary.