

Case Number:	CM14-0030270		
Date Assigned:	06/20/2014	Date of Injury:	02/20/2013
Decision Date:	08/07/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 57-year-old female with an industrial injury dated 02/20/13. The patient's chief complaint is right knee pain. The exam note 02/20/13 states previous surgeries include two left knee reconstructions. The patient was diagnosed with right knee contusion, and degenerative joint disease. Prior treatments have included physical therapy and analgesics. The exam note 07/11/13 demonstrates in the x-ray results that degenerative joint disease was visible in both knees. The exam note 12/10/13 mentions the patient returns still with a chief complaint of right knee pain. The request is made for knee arthroscopy and twelve (12) postoperative physical therapy sessions. The utilization review denied request on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-operative physical therapy visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, following knee arthroscopy for meniscal pathology, postsurgical treatment include twelve visits over twelve

weeks. Postsurgical physical medicine treatment period is four months. The MTUS guidelines recommend half of the authorized visits initially; therefore, six visits are medically necessary. As the request exceeds the 6 visits, the determination is for non-certification.