MAXIMUS Federal Services

Case Number:	CM14-0035374		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2012
Decision Date:	08/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 52-year-old male with a reported industrial injury dated 11/08/12. Exam note 12/05/13 states patient is diagnosed with lumbago, lumbar segmental instability, and right knee pain. Prior surgeries include a right knee arthroscopic surgery. Exam note 01/16/14 states patient returns with a chief complaint of low back pain and right knee pain. Physical exam of 01/16/14 demonstrates tenderness at the joint line anteriorly, positive patellar compression test, in addition to pain when patient was asked to attempt a terminal flexion. Magnetic resonance imaging (MRI) of the right knee demonstrates a linear tear and mild degenerative arthritic change of the medial compartment of the right knee. Physical therapy note from 3/11/14 demonstrates report of arthroscopic surgery to right knee 6 months after injury to right knee November 2012. Report from 3/21/14 of 12 visits of physical therapy performed immediately postoperatively after right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical therapy 2 x4 weeks to right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, Knee & Leg, Physical Medicine Guidelines.

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

Decision rationale: The CA MTUS/Post-surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. The exam note from 3/21/14 demonstrates that 12 visits were immediately performed. There is no evidence of a new injury in the cited records or objective evidence to support further visits beyond guideline recommendation. Therefore, the request for additional visits exceeds the guidelines and the determination is not for medical necessity.