

Case Number:	CM14-0083571		
Date Assigned:	07/21/2014	Date of Injury:	05/03/2013
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 60-year-old female grape picker sustained an industrial injury on 5/3/13, relative to a fall. There was an MRI documented 1/20/14 of the right knee. This MRI noted moderate osteoarthritis of the medial femorotibial compartment with complex degenerative tearing of the medial meniscal posterior horn and body. There was mild osteoarthritis at the patellofemoral and lateral femorotibial compartment. Records indicated the patient was diagnosed with fibromyalgia. The orthopedic progress reports documented right knee pain with tenderness, positive McMurray's test, and decreased range of motion. There was significant functional limitation in ambulation. The utilization review on 5/12/14 certified the request for right knee arthroscopy with debridement and partial medial meniscectomy. However, the request for 24 post-operative physical therapy visits was modified to 12, consistent with the post-surgical treatment guidelines for meniscectomy. The patient subsequently underwent right knee arthroscopy with debridement of the medial synovial plica, partial medial and lateral meniscectomies, and abrasion chondroplasty on 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy x 24 visits, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Meniscectomy/Chondroplasty, pages 24-25. The Expert Reviewer's decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks, during the 6-month post-surgical treatment period. Physical therapy may be continued up to the end of the postsurgical physical medicine period if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy. The utilization review on 5/12/14 recommended partial certification of 12 post-op physical therapy visits. There was no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care was already certified. Therefore, this request for post-operative physical therapy x24 sessions for the right knee is not medically necessary.