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| Case Number: | CM14-0120685 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/05/2010 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 5, 2010. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for postoperative physical therapy for the knee. The claims administrator stated that it interpreted the request as a request for 18 sessions of postoperative physical therapy for the knee following a left knee arthroscopy, chondroplasty, debridement, removal of loose body, partial meniscectomy, and partial lateral facetectomy. The claims administrator stated that its decision was based on an RFA form dated July 2, 2014. It is not clearly stated how much physical therapy had transpired to date and/or whether the applicant had or had not prior knee surgery. In a June 24, 2014 operative report, the applicant received a right inguinal herniorrhaphy with mesh implantation. The applicant was placed off of work on July 30, 2014 status post recent herniorrhaphy surgery. Naprosyn, Prilosec, Flexeril, Neurontin, Terocin, and Menthoderm were endorsed. On June 20, 2014, the applicant was discharged from the hospital with a diagnosis of cellulitis/suspected necrotizing fasciitis. The applicant was given IV vancomycin during the hospital stay and discharged on oral Bactrim. In another Utilization Review Report dated July 7, 2014, the claims administrator denied a request for a left knee arthroscopy, chondroplasty, debridement, removal of loose bodies, partial meniscectomy, partial lateral facetectomy, and partial retinacular release. Non-MTUS ODG guidelines were invoked. The claims administrator contended that the applicant had severe knee arthritis and was not an appropriate candidate for knee arthroscopy. The remainder of the file was surveyed on several occasions. There was no evidence that the applicant had in fact undergone the knee meniscectomy surgery which was also the subject of dispute, nor was there evidence that the knee arthroscopy/meniscectomy procedure was ever scheduled or planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the Postsurgical Treatment Guidelines in MTUS 9792.24.3.a.1 do support a general course of 12 sessions of treatment following a planned knee meniscectomy surgery, in this case, however, there is no evidence that the applicant was ever scheduled for said knee meniscectomy surgery. The knee meniscectomy surgery at issue was denied through the Utilization Review process. There was no evidence that the applicant underwent the proposed knee meniscectomy surgery nor there was evidence that knee meniscectomy surgery was ever scheduled. Therefore, the derivative or companion request for postoperative physical therapy for the left knee is not medically necessary.