

Case Number:	CM14-0188591		
Date Assigned:	11/19/2014	Date of Injury:	06/04/2009
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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:

Claimant is a 39-year-old female with reported industrial injury of 6/4/09. Claimant is status post-lumbar discectomy and dural tear repair in 2012. Claimant is status post partial medial meniscectomy and left knee femoral chondroplasty 1/8/14. Notes demonstrate that claimant has received 16 postoperative physical therapy sessions postoperatively. Exam note from 10/2/14 demonstrates right knee has normal appearance without swelling or effusion and range of motion of 0-130. Mild patellofemoral crepitus and is tender in the medial joint line of the knee. Range of motion was noted to be 0-125 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS)/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this

case the exam note from 10/2/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. The requested treatment is not medically necessary and appropriate.