

Case Number:	CM14-0188934		
Date Assigned:	11/19/2014	Date of Injury:	12/13/2011
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 57 year old female currently reports a painful recurrent subluxation about the knee. The Qualified Medical Evaluation (QME) report 08/19/2014 by [REDACTED] demonstrates the claimant slipped and fell when she stepped onto a wet floor falling forward on both knees and then flat onto her stomach. The claimant has had surgical treatment with an arthroscopic procedure 08/29/2013, with relief of pain provided for a short period of time. A second procedure is noted in March 2014 was performed with crutches utilized for three months after surgery. Ongoing knee pain and swelling of the left knee with numbness along the left side of the surgical incision is noted. There are two four inch screws inserted during one of the procedures that is now painful. Pain at the patella noted on weight bearing. There was grinding with extension. Exam note from 10/06/2014, [REDACTED] saw the claimant in follow up reporting subluxation of the knee that was painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 12 visits for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Meniscectomy Page(s): 24.

Decision rationale: According to the CA 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 10/6/14 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 from the exam note of 10/6/14 why the patient cannot reasonable be transitioned to a self-directed home program. Therefore, the request for 12 Physical Therapy visits is not medically necessary.