

Case Number:	CM14-0190475		
Date Assigned:	11/21/2014	Date of Injury:	06/22/2012
Decision Date:	05/19/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 40-year-old male, who sustained an industrial injury on 6/22/2012. The current diagnoses are right knee grade three and four chondromalacia of patella and medial femoral condyle, with a degenerative medial meniscal tear. According to the progress report dated 10/15/2014, the injured worker complains of pain with squatting, stooping, bending, prolonged walking, and climbing. The current medication list was not available for review. Treatment to date has included medication management, X-rays, MRI of the right knee, injections, and physical therapy. Right knee arthroscopy has been noncertified by utilization review. The associated surgical request for 12 post-operative physical therapy sessions to the right knee was also non-certified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated services) Post Op physical therapy, right knee x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The injured worker has chronic pain in the right knee due to underlying degenerative changes in the medial compartment associated with a degenerative tear of the medial meniscus. Standing x-rays have not been obtained and so the degree of osteoarthritis is not known. Progress notes dated March 9, 2015 indicate continuing pain in the right knee. Range of motion was 2-120. There was medial joint line tenderness, lateral joint line tenderness, and varus deformity. Physical therapy was requested 2 times per week for 4 weeks as conservative management prior to a surgical request. Although that seems appropriate according to chronic pain guidelines, this IMR pertains to post-surgical physical therapy. The notes indicate that a request for surgery had been non-certified as conservative care had not been documented. A prior note of December 1, 2014 indicated the presence of grade 3 and some grade 4 chondromalacia of the medial femoral condyle. There was also a full-thickness fissure in the medial facet of the patella close to the median ridge. The progress notes also indicate that there was a degenerative tear of the leading edge of the medial meniscus. The current request pertains to the noncertified 12 sessions of postsurgical physical therapy. The requested surgical procedure has been noncertified and therefore the request for postsurgical physical therapy is not supported by guidelines. As such, the request is not medically necessary.