

Case Number:	CM14-0190611		
Date Assigned:	01/14/2015	Date of Injury:	05/27/2011
Decision Date:	02/19/2015	UR Denial Date:	10/21/2014
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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 58-year-old female who reported an injury on 05/27/2011. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses included status post right knee arthroscopy. The past treatments included postoperative physical therapy. There were no official diagnostic imaging studies submitted for review. The surgical history was noted to include anterior discectomy with arthrodesis at the C5-6, C6-7, and C4-5 levels; a left shoulder arthroscopy; a right knee arthroscopy; and open reduction and internal fixation of the left foot with hardware removal. The subjective complaints on 08/12/2014 included right knee pain. The physical examination revealed there were well healed portals noted on the right knee secondary to arthroscopic surgery. The injured worker's medications were noted to include Flexeril, Norco, and gabapentin. The treatment plan was to continue postoperative physical therapy to the right knee. The goal was to increase the range of motion. A request was received for continued postoperative physical therapy for the right knee 2x6. The Request for Authorization form was dated 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-operative physical therapy right knee 2 x 6: Upheld

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

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

Decision rationale: The request for continued postoperative physical therapy right knee 2 x 6 is not medically necessary. The California MTUS Postsurgical Treatment Guidelines recommended for a tear of the meniscus of the knee, up to 12 visits of physical therapy may be supported for postsurgical treatment. The guidelines also state that additional visits are contingent on objective functional improvement. There was a lack of objective functional improvement from the previous physical therapy sessions that were rendered. Additionally, there were no objective functional deficits documented within the clinical note. Given the information above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.