

Case Number:	CM14-0192121		
Date Assigned:	11/26/2014	Date of Injury:	07/09/2014
Decision Date:	10/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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, Oregon, Washington
 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 57 year old male, who sustained an industrial injury on 07-09-2014. He has reported subsequent right knee pain and was diagnosed with right knee medial compartment degenerative joint disease, degenerative medial meniscus tearing and bone marrow edema in the medial compartment. MRI of the right knee dated 08-04-2014 showed degeneration and tearing of the posterior horn and mid body of medial meniscus. Treatment to date has included medication, Cortisone injection and bracing which were noted to have failed to significantly relieve the pain. In a progress note dated 10-31-2014, the injured worker reported continued pain over the medial aspect of the right knee. Objective examination findings showed tenderness to palpation over the medial joint line, positive McMurray's sign medially, production of pain and click with McMurray's testing medially and moderate pain on terminal knee flexion. Work status was documented as modified. The physician noted that a right knee unicompartmental knee replacement was requested but not yet authorized. A request for authorization of 12 initial post-operative physical therapy sessions for the right knee, twice a week for six weeks (quantity of 12) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial post operative physical therapy sessions for the right knee, twice a week for six weeks (QTY: 12): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Knee.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request equals the 12 visits, the determination is medically necessary.