

Case Number:	CM14-0196651		
Date Assigned:	12/04/2014	Date of Injury:	09/03/2010
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Minnesota. 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 injured worker is a 43-year-old female who twisted her knee on 9/3/2010 while taking laundry out of a washer. The documentation's indicates that she underwent 3 arthroscopic surgical procedures and subsequently developed a flexion contracture of the left knee with very limited motion and the knee fixed in 30 of flexion. She underwent 6 steroid injections into the joint and also tried physical therapy and bracing but the contracture persisted. X-rays of both knees revealed osteoarthritis. An orthopedic consultation in August 2014 considered a total knee arthroplasty. An MRI scan of the left knee without contrast was performed on 10/22/2014. This revealed subtle fraying of the lateral meniscus but no new tear. There was a remnant of the medial meniscus unchanged compared to a previous exam. The degenerative changes in the medial compartment were relatively mild per MRI report. A request for arthroscopy with partial meniscectomy was noncertified by utilization review on November 13, 2014. The denial was based upon the MRI findings. There was no new tear on the MRI scan. A request for postoperative physical therapy was also noncertified by utilization review as the surgical procedure had not been certified. The denial of the postoperative physical therapy is now appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy for the left knee: Upheld

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

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

Decision rationale: The request for postoperative physical therapy was based upon certification of the surgical procedure as requested which consisted of arthroscopy with partial meniscectomy. The surgical procedure was noncertified by utilization review as the MRI scan did not show a new meniscal tear. Based upon the non-certification of the surgical procedure the postoperative physical therapy was also noncertified. The documentation does not indicate a meniscal tear but the injured worker does have a chronic fixed flexion deformity and degenerative changes in the knee per available notes. As the requested surgery is not being performed, the request for the postoperative physical therapy is not medically necessary.