

Case Number:	CM14-0199608		
Date Assigned:	12/10/2014	Date of Injury:	07/01/2014
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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:

55 year old male claimant with an industrial injury dated 07/01/14. Imaging of the right knee dated 07/07/14 reveals degenerative joint changes and high degrees of clinical suspicion for an occult fracture. MRI of the right knee dated 10/16/14 provides evidence that the patient is status post ACL reconstruction reconstructed ligament in which appears disrupted with some fibers remaining intact. There is also degeneration and complex tearing of the body and posterior horn of the medial meniscus, and moderate osteoarthritis with complete denuding of articular cartilage throughout much of the medial tibiofemoral compartment. Exam note 10/30/14 states the patient returns with right knee pain. The patient explains experiencing locking and catching of the right knee. Upon physical exam there was evidence of tenderness surrounding the knee. The patient demonstrated a limp when walking. Range of motion is noted as -5°-110°. Exam McMurray's is noted as positive and motor strength is a 4/5. Conservative treatment has included medication and activity modification. Treatment includes a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical therapy twice (2) per week for eight (8) weeks for the right knee:
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: According to the California MTUS Postsurgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially half of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.