

Case Number:	CM14-0205427		
Date Assigned:	12/17/2014	Date of Injury:	12/18/2013
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 year old female claimant with an industrial injury dated 12/18/13. The patient is status post chondroplasty, debridement, removal of loose body and synovectomy as of 06/25/14. The patient has completed 7 post-op physical therapy sessions as of 08/14/14. Exam note 09/24/14 states the patient returns with some knee pain, and low back pain. The patient explains experiencing right heel pain resulting in a diagnosis of plantar fasciitis. The patient did explain that the prior injection was beneficial and resulting in pain relief. Upon physical exam there was evidence of medial joint tenderness on the left and pain with varus loading. Range of motion test demonstrated a 20' loss of flexion. Diagnosis is noted as left knee internal derangement. Treatment includes a continuation of mediations, and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The patient has completed 7 visits of physical therapy (PT). As the additional 12 exceeds the total recommended visits, the determination is for not medically necessary.