

Case Number:	CM14-0207012		
Date Assigned:	12/19/2014	Date of Injury:	05/08/2013
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This is a 65-year-old female with a 5/8/13 date of injury. The mechanism of injury was a slip and fall. According to a progress report dated 10/20/14, the patient complained of left shoulder pain that improved with medication. She also complained of right knee pain when she held her knee in a flexed position for over 30 minutes, rated a 3-8/10. She also stated that she had popping and clicking in her right ankle. She stated that she occasionally had locking and swelling of the right knee. The provider has requested authorization for the patient to undergo right knee arthroscopy, medial and lateral meniscectomy and chondroplasty, as well as post-operative physical therapy twice a week for 4 weeks. Objective findings: tenderness upon palpation with restricted range of motion of left shoulder, palpable tenderness along the cubital tunnel of left elbow, tenderness to palpation above lateral joint line of right knee with medial effusion and crepitus, limited right knee range of motion, positive McMurray's test. Treatment to date: medication management, activity modification. A UR decision dated 11/12/14 denied the request for post-op physical therapy 2xWk x 4Wks Right Knee. There is no indication that the requested surgery was deemed medical necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-operative physical therapy 2 times a week for 4 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support 12 visits over 12 weeks for postsurgical treatment of knee meniscectomy. It is noted that the provider has requested authorization for the patient to undergo right knee arthroscopy, medial and lateral meniscectomy and chondroplasty; however, in the present case it is unclear if the requested surgical procedure has been authorized. As a result, this associated postoperative request cannot be substantiated. Therefore, the request for associated surgical service: post-operative physical therapy 2 times a week for 4 weeks, right knee is not medically necessary.