

Case Number:	CM14-0217497		
Date Assigned:	01/07/2015	Date of Injury:	02/28/2010
Decision Date:	04/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The injured worker is a 41 year old male, who sustained an industrial injury on February 28, 2010. The diagnoses have included lumbago, lumbar region disc disorder, lumbar radiculitis, degenerative joint disease bilateral knees, internal derangement bilateral knees, patella tendinitis bilateral and status post great to crush injury with partial amputation. Treatment to date has included TENS unit, Tramadol and Omeprazole, cortisone injections and physical therapy. Currently, the injured worker complains of low back pain and right knee pain with radiation, numbness and tingling along the bilateral lower extremities. In a progress note dated September 24, 2014, the treating provider reports ambulates with a guarded gait, examination of bilateral knees reveals tenderness to palpation over the medial joint line, lateral joint line bilaterally with decreased range of motion, positive McMurray's test internal and external rotation bilaterally. On December 5, 2014 Utilization Review non-certified a post-operative physical therapy right knee two times six, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right knee. twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Section Post Surgical Physical therapy.

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. In this case the exam note from 09/24/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for non-certification. 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 guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.