

Case Number:	CM15-0001462		
Date Assigned:	01/12/2015	Date of Injury:	10/28/2008
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 10/28/2008. The mechanism of injury was not stated. The current diagnoses include industrial injury to the right shoulder, bilateral knees, elbow, and right ankle on 10/20/2008; left shoulder rotator cuff tendonitis, bursitis, and impingement; right shoulder arthroscopy in 2009 with revision in 2013; left knee diagnostic and operative arthroscopy in 02/2011; right knee arthroscopy in 06/2010; right wrist surgery in 2008 and 2012; right wrist subsequent infection and revision surgery in 05/2013; right elbow partial tear of the extensor mass and lateral epicondylitis; left elbow osteoarthritis and minor ulnar neuritis; right knee severe osteoarthritis; and status post right knee diagnostic and operative arthroscopy on 10/31/2014. The injured worker presented on 11/13/2014 for an orthopedic re-evaluation regarding the right knee. The injured worker was noted to be status post right knee diagnostic and operative arthroscopy on 10/31/2014. Intraoperatively, the injured worker was noted to have grade 3 osteoarthritis of the patella and trochlea as well as the medial and lateral femoral condyle. A lateral meniscus tear was also noted intraoperatively. Postoperatively, the injured worker reported excellent progress. There was a locking sensation when trying to rise from a seated to a standing position as well as achiness, stiffness, and swelling with prolonged weight bearing activities. It was also noted that the injured worker experienced a fall 2 days following the surgery. Upon examination of the right knee, there were no signs of erythema, drainage, or infection. The injured worker denied calf tenderness. The injured worker was utilizing a medial unloader brace as well as a cane for ambulation assistance.

Recommendations included initiation of physical therapy twice per week for the next 6 weeks. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits 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): 10, 25.

Decision rationale: California MTUS Guidelines states the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Post surgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for an initial 12 sessions of physical therapy for the right knee exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.