

Case Number:	CM15-0106016		
Date Assigned:	06/10/2015	Date of Injury:	02/09/2015
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, Oregon
 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 (IW) is a 27 year old female who sustained an industrial injury on 02/09/2015. She reported tripping and falling on stairs. The injured worker was diagnosed as having sprain/strain of the ankle/foot, unspecified; sprain/strain of the hand; sprain/strain of the wrist/hand unspecified; contusion of the knee; and sprain/strain knee/leg other. The working diagnosis on the 05/07/2015 exam was internal derangement knee not elsewhere classified. Treatment to date has included braces for the ankle, wrist and knee, medications, applications of ice, and physical therapy. Her left wrist and ankle sprains have improved, but the left knee continued to be painful. A MRI of the left knee (05/01/2015) showed no substantial anomaly. Currently, the injured worker complains of left knee pain, and the hinged knee brace although it keeps her from flexing the knee, is interfering with her activities of daily living, and she does not tolerate wearing it. The pain is patellofemoral and located on both sides of the patellofemoral gutter and deep underneath the kneecap. She has had some symptoms of clicking and popping within the knee joint, but has had no frank locking. Going up and down flights of stairs bothers her knee. On her last exam on 05/07/2015, the IW was not felt to be significantly improved. The treatment plan included a consultation/referral with a surgeon, and a request for left knee arthroscopy with arthroscopic surgery. Work release was given for modified duty with no kneeling, squatting or climbing. Requests for authorization were presented for Post-Op Physical Therapy 2x6 for The Left Knee and Arthroscopy with Arthroscopic Lateral Release and Possible Medial Plica Excision for The Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2x6 for The Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. 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 request is not medically necessary.