MAXIMUS Federal Services

Case Number:	CM15-0018073		
Date Assigned:	02/06/2015	Date of Injury:	11/29/2013
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 44-year-old female who reported an injury on 11/29/2013 due to a slip and fall. On 01/08/2015, she presented for a follow-up evaluation. She reported pain in her right knee rated at a 4/10. She was noted to be status post arthroscopic multicompartmental synovectomy and partial medial meniscectomy of the anterior horn with debridement of chondral defect on 08/09/2014. A physical examination showed a small amount of edema visible on the anterior surface of the right knee and arthroscopic sites were visible. There was no sign of infection, and there was some palpable tenderness. There was no warmth, no lesions, or bleeding or discharge. She had normal flexion and extension of the knee itself, and Lachman's and drawer's signs were tight. There was no clicking, popping, or crepitus during passive range of motion, and her ambulation was without assist, discomfort, or distress. She was diagnosed with postop knee pain; reported an inability to resume work schedule; chondral defect of the femoral condyle, not industrial; meniscal tear, postoperative; and delay in case secondary to insurance denials. The treatment plan was for continued postoperative physical therapy 1 time a week x6 weeks for the right knee. The rationale for treatment was to address the injured workers pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-Operative Physical Therapy 1 Time A Week for 6 Weeks (Right 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: The California Postoperative Medical Treatment Guidelines recommend 12 visits over 12 weeks for the injured workers condition. Further clarification is needed regarding how many sessions of physical therapy she has already attended, as well as her response to those sessions in terms of a pain relief and an increase in function. Also, the documentation provided does not indicate that the injured worker has any significant functional deficits that would support the request for additional physical therapy sessions. Therefore, the request is not supported. As such, the request is not medically necessary.