

Case Number:	CM15-0145934		
Date Assigned:	08/06/2015	Date of Injury:	12/30/2014
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Illinois, California, Texas
 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:

This injured worker is a 68-year-old male who sustained an industrial injury on 12/30/14. Injury occurred when he twisted his knee on a slippery surface. The 1/22/15 right knee MRI impression documented multidirectional tearing of the posterior aspect of the medial meniscal body and posterior horn of the medial meniscus. There was low-grade inner margin tearing of the body of the lateral meniscus. There was tricompartmental articular cartilage loss, findings suggestive of grade 1 sprain of the tibial collateral ligament and trace popliteal cyst with leakage extending inferiorly. Conservative treatment included physical therapy, anti-inflammatory medications, activity modification, and corticosteroid injection. The 6/26/15 treating physician report cited left knee pain with locking and buckling with pivoting or turning. He reported overall instability. Conservative treatment had included physical therapy and injections. Left knee exam documented effusion, positive McMurray's, 5 degrees loss of range of motion, and tenderness over the medial, anterior and positive joint lines. Authorization was requested for right knee arthroscopic meniscectomy versus repair, possible debridement, and/or chondroplasty. Additional authorization was requested for associated post op physical therapy, 2 x 6 weeks, right knee. The 7/13/15 utilization review certified the request for right knee arthroscopic surgery. The request for 12 visits of right knee post-op physical therapy was modified to 6 visits consistent with the Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy, 2 x 6 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. 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. The 7/13/15 utilization review modified this request to 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond that already certified. Therefore, this request is not medically necessary.