

Case Number:	CM15-0148688		
Date Assigned:	08/11/2015	Date of Injury:	09/17/2013
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 57 year old female, who sustained an industrial injury, September 17, 2013. The injured worker previously received the following treatments right knee surgery consisted of arthroscopic partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle, chondroplasty of the trochanter groove and synovectomy. The injured worker was diagnosed with right knee meniscectomy, right knee chondromalacia, right knee lateral meniscal tear, arthroscopic surgery on April 28, 2015. According to progress note of April 17, 2015, the injured worker's chief complaint was bilateral knee pain, which increased with walking and weight bearing. The injured worker walked with a cane. The physical exam noted tenderness with palpation of the bilateral knees. There was decreased range of motion with crepitus. There was bilateral grind. The McMurray's test was positive. The treatment plan included additional postoperative physical therapy for six sessions of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for 6 sessions 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): 24.

Decision rationale: The claimant sustained a work injury in September 2013 and underwent an arthroscopic right knee meniscectomy on 04/28/15. When seen, her right knee was improving. Arthroscopic right shoulder surgery was being planned. No abnormal knee findings are documented. An additional six physical therapy treatment sessions were requested. Case notes reference authorization for 12 postoperative there be treated but the number of sessions attended is unknown. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has already received authorization for the usual maximum number of therapy treatments. When requested, there is no documentation of ongoing knee impairment or specific therapeutic content being requested. It is therefore not medically necessary.