

Case Number:	CM15-0149265		
Date Assigned:	08/12/2015	Date of Injury:	06/12/2002
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
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: Montana, Oregon, Idaho
 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 is a 44 year old female who sustained an industrial injury on 6-12-2002. She has reported lower back pain with radiation into the right leg to the right foot and has been diagnosed with lumbar internal disc derangement, lumbar postlaminectomy syndrome, lumbar fusion, lumbar radiculopathy, and left knee pain. Treatment has included medications, medical imaging, surgery, physical therapy, and home exercises. There was moderate tenderness over the lumbar paraspinals, left greater than right. There was limited range of motion of the lumbar spine. There was a positive straight leg raise on the left. She had difficulty walking on toes and heels due to pain. The treatment plan includes medications, home exercise program, and left knee MRI. The plan is for right knee arthroscopy and meniscectomy. The treatment request included postoperative physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy - right knee (visit) Qty 12.00: 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: 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. In this case the request exceeds the initial allowable visits, therefore the request is not medically necessary.