

Case Number:	CM15-0180114		
Date Assigned:	09/25/2015	Date of Injury:	04/24/2014
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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, Oregon, Washington
 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 43-year-old male, who sustained an industrial injury on April 24, 2014, incurring right knee, neck, right shoulder and low back injuries. A lumbar Magnetic Resonance Imaging revealed disc protrusion with degenerative changes, Magnetic Resonance Imaging of the shoulder revealed an impingement syndrome and a Magnetic Resonance Imaging of the right knee showed a complex flap tear of the medial meniscus posterior horn and tearing of the lateral meniscus. He was diagnosed with lumbar degenerative disc disease, cervical radiculopathy, right shoulder impingement syndrome, bilateral carpal tunnel syndrome and meniscus tears of the right knee. Treatment included steroid injections, chiropractic sessions, acupuncture, anti-inflammatory drugs, pain management and activity restrictions and modifications. Currently, the injured worker complained increased right knee pain with limited range of motion and decreased mobility. He was referred for a right knee arthroscopy and surgical partial medial meniscectomy. The treatment plan that was requested for authorization on September 12, 2015, included postoperative physical therapy three times a week for four weeks for the right knee. On September 1, 2015, a request for postoperative physical therapy for the right knee was partially approved to six physical therapy visits by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Knee.

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. As the request exceeds the initial allowable visits, the determination is for non-certification. This request is not medically necessary.