

Case Number:	CM15-0181360		
Date Assigned:	09/22/2015	Date of Injury:	02/18/2010
Decision Date:	10/26/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 58 year old female who sustained an industrial injury on 02-18-2010. Current diagnoses include internal derangement-right knee, and status post right knee arthroscopy on 05-28-2015. Report dated 08-25-2015 noted that the injured worker presented with complaints that included neck pain with radiation to the bilateral upper extremities and associated numbness and tingling, left hand pain, and right knee pain with swelling and occasional buckling. Other complaints included depression and insomnia. Current medications include Voltaren, Motrin, and Norco. Pain level was 6-7 (neck) and 4 (right knee) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-25-2015 revealed slight edema in the right knee, decreased right knee range of motion, and slight weakness in the right quadriceps. Previous treatments included medications, right knee surgery on 05-28-2015, physical therapy, and home exercise program. The injured worker has already completed 6 visits of physical therapy for the right knee and is recommended to complete additional post-operative physical therapy. The treatment plan included requests for continued post-operative physical therapy for the right knee, additional post-operative physical therapy for the cervical spine, request for physical therapy for the left hand, and continue with medications as needed. Currently the injured worker is temporarily totally disabled. Request for authorization dated 09-25-2015, included requests for continued post-operative physical therapy for the right knee, physical therapy treatment for cervical spine, and physical therapy for the left hand. The utilization review dated 09-09-2015, modified the request for post-operative physical therapy to right knee 8 sessions; two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to right knee 8 sessions; two (2) times a week for four (4) weeks: 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. This patient has completed this initial course of therapy consisting of 6 visits. As the current request exceeds the total allowable 12 visits, the determination is not medically necessary.