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| Case Number: | CM15-0181876 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 11/01/2014 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 08/27/2015 |
| 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: 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 59 year old female, who sustained an industrial injury on 11-1-2014. Medical records indicate the worker is undergoing treatment for right knee internal derangement and lumbar radiculopathy. A recent progress report dated 8-18-2015, reported the injured worker complained of right knee pain and low back pain. Physical examination revealed lumbar paraspinal tenderness with normal bilateral lower extremities strength. Right knee x rays were within normal limits. Right knee magnetic resonance imaging showed an oblique tear of the posterior horn of the medial meniscus and soft tissue edema. Treatment to date has included physical therapy and medication management with plans for a right knee arthroscopy. The physician is requesting 16 sessions of postoperative physical therapy for the right knee. On 8-27-2015, the Utilization Review noncertified the request for 16 sessions of postoperative physical therapy for the right knee.

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 8 for the right knee: Upheld

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

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

Decision rationale: In this case the imaging MRI of the injured workers right knee demonstrated a medial meniscus tear. It is unclear from the documentation whether the surgery has taken place. However, 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 request is not medically necessary