

Case Number:	CM15-0194565		
Date Assigned:	10/08/2015	Date of Injury:	06/12/2013
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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 52 year old female who sustained an industrial injury on June 12, 2013. Documentation showed the worker undergoing left knee diagnostic arthroscopy on July 30, 2015. An orthopedic examination dated August 18, 2015 reported subjective complaint of "continues with left hand pain." The plan of care is with recommendation for surgery left tunnel release; prescribed Ultram, postoperatively; Omeprazole for gastritis and postoperative physical therapy session. On August 26, 2015 she underwent initial physical therapy evaluation with reported subjective complaint of "left knee pain and stiffness that can limit function and ability to efficiently work." A primary treating office visit dated April 29, 2015 reported the impression of: torn meniscus, left knee with the following diagnoses applied to the visit: cervical discopathy, lumbar discopathy, and bilateral knee chondromalacia. The plan of care is with requested recommendation for: post-operative medications, anti-inflammatory agent, and possible viscosupplementation; post-operative course of physical therapy. There is note of surgery to knee prior to releasing carpal tunnel. Previous treatment to include: activity modification, medication, surgery, physical therapy, and exercises. On August 27, 2015 a request was made for 16 session of postoperative physical therapy treating the left hand which was noncertified by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 8 weeks for the left 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: 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.