MAXIMUS Federal Services

Case Number:	CM15-0203518		
Date Assigned:	10/23/2015	Date of Injury:	03/05/2014
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/03/2015

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: Minnesota, Florida
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 53 year old male with an industrial injury dated 03-05-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right medial meniscus tear and full thickness femoral condyle cartilage loss with chondral defect, status post arthroscopic medial meniscectomy and medial femoral condyle microfracture with residual atrophy, pain and weakness of the right leg. According to the progress note dated 09-21-2015, the injured worker reported pain and soreness in the right calf and thigh and right leg weakness. Documentation noted that the injured worker is still experiencing swelling and discomfort after increased activity, walking and exercising. The injured worker is status post right knee arthroscopy with medial meniscectomy and medial femoral condyle microfracture on 6-12-2015. The injured worker complains of daily right knee pain in the front and under the kneecap and during weight bearing and exercising. The injured worker also complained of instability of the right leg at times, he uses handrails. Objective findings (09-21-2015) revealed right knee tenderness with small over the front knee, minimal swelling and normal but painful range of motion. Treatment has included diagnostic studies, prescribed medications, orthovisc injections x4, right knee surgery, and 18 postoperative physical therapy sessions as of 09-18-2015 with improvement in strength, range of motion and pain. The utilization review dated 09-30-2015, non-certified the request for additional post-operative physical therapy 2 times a week for 3 weeks 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-operative physical therapy 2 times a week for 3 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee & Leg (Acute & Chronic).

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

Decision rationale: The injured worker is a 53-year-old male with a date of injury of 3/5/2014. He underwent arthroscopy of the right knee with partial medial meniscectomy and microfracture of the medial femoral condyle for a chondral defect on 6/12/2015. As of 9/18/2015 the injured worker had completed 18 postoperative physical therapy visits. The documentation indicates continuing pain for which Viscosupplementation was performed. The current issue pertains to a request for 6 additional physical therapy visits. California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. ODG guidelines also indicate a similar number of visits for microfracture. The injured worker has already exceeded the guideline recommendations with regard to physical therapy. As such, a transition to a home exercise program is recommended. In light of the above, the request for additional 6 physical therapy sessions is not supported and the request is not medically necessary and has not been substantiated.