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| Case Number: | CM15-0209239 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 04/06/2012 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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:

This 60 year old male sustained an industrial injury on 4-6-12. Documentation indicated that the injured worker was receiving treatment for left knee medial meniscus tear, lumbar spine sprain and strain with radiculopathy and chronic pain. Previous treatment included lumbar spine surgery times two, physical therapy, injections and medications. Documentation did not disclose the number of previous physical therapy sessions. Magnetic resonance imaging lumbar spine (5-18-15) showed multilevel discogenic disease with severe bilateral neural foraminal stenosis and possible impingement of the L5 nerve roots. In a PR-2 dated 9-21-15, the injured worker complained of increasing lumbar spine pain. The injured worker stated that he had received a left knee cortisone injection with improvement. The injured worker stated that he was scheduled for left knee surgery on 9-30-15. The injured worker was status post two lumbar spine surgeries to the lumbar spine with increasing pain and stated that another physician had stated that he needed more surgery. Physical exam was remarkable for left knee with slightly limited range of motion and persistent effusion and crepitus. The treatment plan included toxicology screening, liver studies and 24 sessions of postoperative physical therapy for the lumbar spine and left knee. On 10-13-15, Utilization Review noncertified a request for postoperative physical therapy three times a week for eight weeks for the left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3x8 Left Knee/Lumbar Spine: Upheld

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

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 request is not medically necessary and the determination is for non-certification.