

Case Number:	CM15-0217756		
Date Assigned:	11/09/2015	Date of Injury:	08/04/2014
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old female with a date of injury on 8-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for a right knee injury. Most recent progress report dated 5-4-15 reports continued complaints of right knee pain every day. The pain is sharp, intermittent and is rated 8 out of 10. Objective findings: right knee medial joint line tenderness, she walks with antalgic gait, range of motion within normal limits. X-ray right knee showed mild to moderate degenerative changes to femoral condyles, mild joint space narrowing medial compartment, no fracture or dislocation. MRI right knee 1-10-15 showed cartilage thinning, subtle medial meniscal tear, 1 cm tibial plateau. Treatments include: medication, physical therapy, right knee arthroscopic medial meniscectomy on 9-15-15. Request for authorization was made for Physical therapy 3 times per week for 4 weeks (12 sessions) right knee. Utilization review dated 10-23-15 modified the request to certify Physical therapy 6 sessions. The medication list includes Ibuprofen, Naproxen, Ultram and Pantoprazole. The details of post op PT visits was not specified in the records specified. The detailed medical treatment in the post op period was not specified in the records specified. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. A recent detailed physical examination of the right knee was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 X 4 (12 sessions) right knee: Overturned

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: Physical therapy 3 X 4 (12 sessions) right knee dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation Postsurgical Treatment Guidelines. CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 12 visits over 12 weeks. The requested PT visits are within the recommendations of the cited guideline. The patient's surgical history included right knee arthroscopic medial meniscectomy on 9-15-15. Per the notes, there is no evidence that the patient has received any post op PT. The post op PT visits are medically appropriate and necessary after an arthroscopic surgery of the knee. The request for Physical therapy 3 X 4 (12 sessions) right knee is medically necessary and appropriate for this patient at this time.