

Case Number:	CM15-0037807		
Date Assigned:	03/06/2015	Date of Injury:	04/21/2010
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 62-year-old female, who sustained an industrial injury on April 21, 2010. She has reported feeling a popping sensation along with pain in her right knee while moving a heavy cabinet. The diagnoses have included right knee internal derangement with medial meniscus tear. Treatment to date has included brace, acupuncture, physical therapy, diagnostic studies and medications. On February 2, 2015, the injured worker complained of constant pain in the right knee. The pain increases with walking, standing, flexing and extending the knee and climbing or descending stairs. She reported giving way of the knee, swelling, popping and clicking. She rated the pain as a 9-10 on a 1-10 pain scale. On February 26, 2015, Utilization Review non-certified 12 post-op physical therapy visits to the right knee as an outpatient, noting the CA Chronic Pain Medical Treatment Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 post-op physical therapy visits to the right knee as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Op Physical Therapy Visits to The Right Knee As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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 of 12 exceeds the initial allowable visits, the determination is not medically necessary.