

Case Number:	CM15-0042796		
Date Assigned:	04/14/2015	Date of Injury:	10/02/2013
Decision Date:	05/12/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on October 2, 2013. He reported using a pressure walking machine when he slipped and his right knee popped twice and he burned his right hand on the machine. The injured worker was diagnosed as having plica syndrome status post right arthroscopic debridement and lateral meniscal tear status post right arthroscopic meniscectomy. Treatment to date has included physical therapy, right knee MRI, right knee surgery 2013, right knee aspiration November 20, 2014, right knee MR Arthrogram, and medication. Currently, the injured worker complains of intractable right knee pain. The Treating Physician's report dated February 5, 2015, noted the injured worker reported physical therapy was helping, with weakness noted when walking for a prolonged time. Surgery was noted to have provided 80-90% pain relief. The current medications were listed as Anaprox-DS Sodium, Prilosec, Ultracet, and Vicodin. A right knee MR Arthrogram dated May 7, 2014, was noted to show truncation of the body of the lateral meniscus likely from previous surgery with an abnormal signal along its undersurface such that fibrillation or recurrent tear were not excluded. The Physician noted the injured worker's response to therapy had been good with improved function and functional restoration expected with additional therapies. The treatment plan was noted to include medications including Anaprox, Prilosec, and Vicodin, and a referral to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3x weekly right knee QTY: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with post right knee repeat arthroscopy. The current request is for Post-op physical therapy 3x weekly right knee QTY: 12. The treating physician states, "On November 18, 2014 he underwent repeat arthroscopy. Following surgery, he underwent 12 physical therapy sessions". (17B) The treating physician goes onto state that the patient said the physical therapy is helping but after walking for a prolonged time he "feels his knee will give out". (48B) The MTUS guidelines state that for knee arthroscopy 24 visits over the period of 10 weeks is recommend, and time to heal would be 4 months. In this case, the treating physician has documented that the patient has already completed 12 visits and the patient is still within the treatment timeline. The current request is medically necessary and the recommendation is for authorization.