

Case Number:	CM15-0045732		
Date Assigned:	03/18/2015	Date of Injury:	08/18/2014
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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 56 year old female who sustained an industrial injury on 08/18/2014. The injured worker sustained an injury to the right knee from a fall. She complains of pain in the low back, bilateral knee pain and left foot pain. Diagnoses include right knee chondromalacia and tear of the medial meniscus, left foot alleged fracture, and lumbago. Treatment to date has included medications and physical therapy, acupuncture, and diagnostic studies. A physician progress note dated 02/20/2015 documents the injured worker complains of low back pain, bilateral knee pain and left foot pain. Right knee arthroscopy has been authorized. Treatment requested is for post-operative physical therapy 2 times a week for 8 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 8 weeks for the right knee: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a partial meniscectomy and also for chondromalacia of patella. The guidelines recommend an initial course of therapy which is one half of these visits or 6 visits. After completion of the initial course of therapy a subsequent course of therapy of the remaining 6 visits may be prescribed if there is objective functional improvement documented. The request as stated is for 16 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.