

Case Number:	CM15-0047432		
Date Assigned:	03/19/2015	Date of Injury:	07/22/2012
Decision Date:	04/24/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/12/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 7/22/2012. He reported a fall, resulting in complaints related to his bilateral shoulders and knees. The injured worker was diagnosed as having bilateral knee patellofemoral arthralgia, medial compartment degenerative joint disease, and grade 3 meniscal tear. Treatment has included surgical (left partial medial and lateral meniscectomy, chondroplasty and debridement on 4/22/2014). The progress report, dated 10/13/2014, noted ultrasound on 10/28/2013 showed bilateral medial meniscus tears, with recommendation for an arthroscopic right partial medial meniscectomy, chondroplasty and debridement. Post-operative supervised rehabilitative therapy, home continuous passive range of motion device, Surgi-stim unit, and Cool care unit. He underwent right knee surgery on 2/04/2015. The medical records submitted did not include a post-operative physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative physical therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10; 24.

Decision rationale: The injured worker sustained a work related injury on 7/22/2012. The medical records provided indicate the diagnosis of bilateral knee patellofemoral arthralgia, medial compartment degenerative joint disease, and grade 3 meniscal tear. Treatment has included surgical (left partial medial and lateral meniscectomy, chondroplasty and debridement on 4/22/2014). The medical records provided for review do not indicate a medical necessity for 12 sessions of post-operative physical therapy for the right knee. The MTUS post surgical physical medicine recommends that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery, if there is documented functional improvement. The initial visit is regarded as one-half of the recommended postsurgical visits for that body part. The MTUS recommends 12 visits over 12 weeks of postsurgical treatment for Meniscectomy 12 visits over 12 weeks within a postsurgical physical medicine treatment period of 6 months the initial period for this is 6 visits. Therefore, the request is not medically necessary.

1 Resistance chair rehab system with exercise cycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Exercise equipment.

Decision rationale: The injured worker sustained a work related injury on 7/22/2012. The medical records provided indicate the diagnosis of bilateral knee patellofemoral arthralgia, medial compartment degenerative joint disease, and grade 3 meniscal tear. Treatment has included surgical (left partial medial and lateral meniscectomy, chondroplasty and debridement on 4/22/2014). The medical records provided for review do not indicate a medical necessity for 1 Resistance chair rehab system with exercise cycle. The MTUS is silent on this, but the Official Disability Guidelines does not consider Exercise equipment as medical in nature; therefore, does not recommend it as a Medicare approved Durable Medical Equipment. Therefore, the request is not medically necessary.