

Case Number:	CM15-0055673		
Date Assigned:	03/30/2015	Date of Injury:	02/15/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: Illinois, California, Texas
 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 54-year-old female who sustained an industrial injury on 2/15/14. Injury was sustained when she was operating a train and had to put the train into an emergency stop, and she was thrown forward landing on her left shoulder and injuring her right knee. The 10/22/14 right knee MRI impression documented small non-displaced flap tear of the body and posterior horn of the medial and lateral meniscus. There was mild chondral thinning of the medial, lateral and anterior compartments with no full thickness chondral defect. She underwent a right knee arthroscopy with partial meniscectomy and chondroplasty on 1/5/15. The 1/14/15 progress report indicated that the patient had knee undergone surgery and began physical therapy on 1/9/15 for 12 visits. She reported 6-7/10 knee pain, with +2 edema. She was ambulating with crutches. The 1/16/15 physical therapy note documented range of motion -3 to 90 degrees with severe pain. The treatment plan was 2 times per week for 8 weeks. The 2/26/15 utilization review non-certified the request for physical therapy re-evaluation and treatment 2 to 3 times per week for 4 weeks as there was no documentation of the number of post-op physical therapy sessions completed to date with a progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy re-evaluation for right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As the additional physical therapy treatment is not supported, this request is not medically necessary.

Post-op Physical Therapy 2-3 times a week for 4 weeks for right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This patient underwent surgery on 1/5/15 and initiated 12 visits of physical therapy on 1/9/15. There is no current documentation to evidence functional benefit to the initial 12 visits of physical therapy or residual functional deficit that would necessitate additional supervised physical therapy treatment over an independent home exercise program. Therefore, this request is not medically necessary.