

Case Number:	CM15-0086015		
Date Assigned:	05/08/2015	Date of Injury:	09/30/2014
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, Oregon
 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 44 year old male, who sustained an industrial injury on 9/30/2014. He reported injuring his right knee while climbing a fence. Diagnoses have included right knee meniscal tear, status post right knee arthroscopy (1/27/2015) and gait abnormality leading to chronic worsening low back pain. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/1/2015, the injured worker complained of low back pain and right knee pain. He was status post arthroscopy of the right knee. His right knee was slowly improving. He complained of sharp pain in his mid, low back that radiated to both thighs, associated with numbness and tingling to both buttocks. Exam of the lumbosacral spine revealed tenderness to palpation in the midline and in the paraspinals. There was positive straight leg raise in the right lower extremity. Exam of the right knee revealed mild effusion. He was taking Tylenol. The injured worker was temporarily totally disabled. Authorization was requested for physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Knee, 2 times a week for 6 weeks (12 sessions): 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: 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 exceeds the initial allowable visits, the determination is not medically necessary.