

Case Number:	CM14-0138857		
Date Assigned:	09/05/2014	Date of Injury:	06/18/2012
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71 year old female who sustained an injury to her right knee on 06/18/12 while washing dishes, she turned around and her foot slipped in the water, causing her to feel a pop in her knee. The records indicate that the injured worker subsequently underwent a right knee arthroscopy with extensive synovectomy, partial meniscectomy, and chondroplasty dated 04/30/14. An MR arthrogram of the right knee revealed popliteal swelling with loose bodies, osteochondral fractures, and a meniscal tear. Treatment to date has included physical therapy and surgical intervention, as well as management with medications, activity modifications, and work restrictions. The progress report dated 08/07/14 reported that the injured worker continued to complain of constant, moderate right knee pain that she describes as shooting, stabbing, and aggravated by walking, sitting, and standing. Physical examination noted ambulation with a walker; tenderness to palpation with limited, painful range of motion and positive orthopedic evaluation; right knee range of motion flexion 95 degrees, extension -5 degrees, +2 tenderness of the medial joint line; +1 edema; positive right squat sign at 25%; positive right seated root test. The injured worker was recommended continued physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right knee qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS Postsurgical Guidelines states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The MTUS Postsurgical Guidelines recommends up to 12 visits over 12 weeks for the diagnosed injury not to exceed a physical medicine treatment period of 4 months. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the MTUS Postsurgical Guidelines' recommendations, either in frequency or duration of postoperative physical therapy visits. Given this, the request for postoperative physical therapy for the right knee x 18 visits is not indicated as medically necessary.