

Case Number:	CM14-0155449		
Date Assigned:	09/25/2014	Date of Injury:	04/01/2012
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This 65-year-old female sales associate/backroom processor sustained an industrial injury on 10/17/12 relative to cumulative trauma. Injuries were reported to the neck, bilateral upper extremities and both knees. The 2/16/14 right knee MRI impression documented a complex degenerative tear of the anterior horn, medial body and posterior horn of the medial meniscus with extrusion of the medial meniscal body causing bowing of the medial collateral ligament. There was a longitudinal horizontal tear of the anterior horn and body of the lateral meniscus with extrusion of the lateral meniscus body. There was mild tricompartmental osteoarthritis with diffuse chondral thinning and marginal osteophyte formation with areas of full thickness chondral loss. She underwent right knee arthroscopy with medial and lateral meniscectomies, and tricompartmental synovectomy and chondroplasty on 6/20/14. The 7/29/14 treating physician report indicated the patient continued to use a cold therapy unit but was not doing any physical therapy. She had difficulty with gait and ambulated with a crutch. Right knee range of motion was 0-120 degrees with 4-/5 hip flexor and knee extensor strength. The treatment plan indicated the patient was to begin physical therapy 3x8. Records suggested that 6 physical therapy visits had been approved, but there was no documentation that therapy was initiated. The 8/29/14 utilization review denied the request for additional post-op physical therapy as there was insufficient information submitted to assess progress with physical therapy. There was no indication as to why supervised therapy would be required over a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post - op Physical Therapy right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. 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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. The medical necessity of additional physical therapy cannot be established in the absence of documented response to post-operative therapy to date. Therefore, this request is not medically necessary.