

Case Number:	CM14-0184301		
Date Assigned:	11/12/2014	Date of Injury:	06/04/2013
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopaedic 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 55-year-old male sustained an industrial injury on 6/4/13. Injury occurred relative to a motorcycle accident. Injuries included multiple abrasions, left distal fibula fracture, T1 fracture, knee pain, C7 fracture, and large retracted right rotator cuff tear. Medical history included deep vein thrombosis (DVT) with pulmonary emboli. The 5/8/14 right knee MRI impression documented bipartite patella versus less likely remote fracture with subsequent inflamed degenerative changes affecting the patellar fragments. There was a horizontal tear of the posterior horn of the medial meniscus without meniscal displacement. There was low-grade tricompartmental chondromalacia with small joint effusion. Records indicated that the patient had completed 3 visits of physical therapy for the right knee. The 10/1/14 treating physician progress report indicated the patient felt his meniscal pain was worsening with pain extending up into his thigh. He also noted he had a bipartite patella. The patient was being treated conservatively for medial meniscus tear. The patient was interested in surgical treatment and had an appointment with his cardiologist for clearance and recommendations regarding DVT prophylaxis. Right knee exam documented medial joint line tenderness, full range of motion, and normal gait. The treatment plan included cardiac clearance. Authorization was submitted for right knee arthroscopy, partial medial meniscectomy and chondroplasty. An additional request was submitted for post-operative physical therapy 2 times 6 for the right knee. The 10/20/14 utilization review denied the request for post-op physical therapy as the associated surgery was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy 2 times a week for 6 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meniscectomy, Chondroplasty Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty 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. Guideline criteria have not been met. This request is for initial post-op physical therapy treatment. There is no current indication that the right knee surgery has been approved. Up to 6 initial visits of physical therapy treatment would be consistent with guidelines should the right knee surgery be approved. The current request exceeds initial treatment guidelines. Therefore, this request is not medically necessary.