

Case Number:	CM14-0211575		
Date Assigned:	12/24/2014	Date of Injury:	01/09/2014
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New York, New Hampshire, Washington
 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:

This is a 63 female who suffered a work related injury to his right knee on 01/09/2014. Diagnoses include derangement of the posterior medial meniscus, contusion of the knee, contusion of the leg, and status post right knee arthroscopy on 11/3/2014. A physician progress note dated 11/18/2014 documents her pain is well controlled and she has been able to ambulate despite her soreness. On examination, the injured worker's right knee range of motion is 1-120. She has tenderness to palpation over the medial joint line, but no significant pain over the lateral joint line or the patellofemoral joint. She has no gross effusion. It is noted that she is going to start her on physical therapy twice a week for 6 weeks. She will remain off work. In a physician progress note dated 12/09/2014 it is documented the injured worker has not yet started physical therapy. She is working on her own with range of motion and strengthening, and is improving slowly. On examination, the injured worker's right knee's range of motion is from 0-130. There is minimal tenderness to palpation over the medial joint line. There is still some weakness about the right knee. The request is for additional post-operative physical therapy twice a week for six weeks to the right knee. Utilization Review dated 12/08/2014 non-certified the request is for post-operative physical therapy twice a week for six weeks to the right knee. California Medical Treatment Utilization Schedule (MTUS)-Post post-operative physical therapy Guidelines: Post-Surgical (Meniscectomy)-12 visits over 12 weeks. There are no extenuating circumstances noted to support exceeding current treatment guidelines or documentation noting that this injured worker cannot perform a home exercise program based on the physical therapy she has had.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-op physical therapy for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): page 351.

Decision rationale: Based upon review of the documentation, the guidelines for knee surgery not met. There is no documentation of a trial and failure of physical therapy and there is no documentation that there are any red flags for knee surgery such as instability, fracture, or locking with loss of motion. Therefore, the requested treatment is not medically necessary and appropriate.