

Case Number:	CM14-0213215		
Date Assigned:	01/12/2015	Date of Injury:	12/13/2011
Decision Date:	02/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 51-year-old male who reported an injury on 12/13/2011. The mechanism of injury was climbing into a tractor/trailer to cover the load with a tarp. The injured worker slipped on the metal ladder and fell backwards hitting his shoulders against the truck then fell onto the asphalt initially onto his knees then forward. His diagnoses included lumbar spine herniated nucleus pulposus, right knee resolved pain, left knee internal derangement and right shoulder sprain/strain. His past treatments included physical therapy and home exercise program. His diagnostic studies included MRI of the right knee, bilateral shoulders and neck. His surgical history included a right shoulder arthroscopy. The progress report of 11/20/2014 documented the injured worker had complained of pain in his right shoulder. Physical exam findings indicated he had tenderness about the acromion. He was able to lift his arm to 170 degrees, and he had pain with Neer's and Hawkins impingement sign. The left knee had tenderness primarily to the lateral aspect, but some medially. Range of motion was 0 to 125 degrees. His medications were not included. The treatment plan was for left knee arthroscopy, partial meniscectomy and chondroplasty. The rationale for the request was to diminish his pain. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 postoperative physical therapy sessions for the left knee: Upheld

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

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

Decision rationale: The request for 24 postoperative physical therapy sessions for the left knee is not medically necessary. The California MTUS guidelines recommend 12 postoperative physical therapy sessions for the left knee, and the guidelines may recommend only half of the sessions as an initial trial. Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. Therefore, the request for 24 postoperative physical therapy sessions for the left knee is not medically necessary.