

Case Number:	CM14-0214155		
Date Assigned:	01/07/2015	Date of Injury:	07/16/2002
Decision Date:	02/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who was injured at work on 07/16/2002. The progress report of 12/04/2014 noted that the injured worker was 2.5 Months status post right knee scope/ PMM/PLM/CP/Exc Plica; would like CSI today; PT helping, but needs more. The physical examination revealed right knee effusion, range of motion 5 to 110, tender to palpation medially, Limp, Quadriceps atrophy, tenderness of the back from limp. The worker has been diagnosed of Degenerative Joint disease right knee, right patellofemoral disorder, lateral meniscus tear right knee, right medial meniscus tear, exacerbation of lumbar strain due to limping. Treatments have included 9 physical therapy to back and knee, ethodolac, tramadol, alprazolam, amitriptyline, flurazepam, sumatriptan, Celebrex, zantac. At dispute is the request for additional Post-Operative Physical Therapy (12-sessions, to the right knee; plus lumbar spine due to flare-up pain from limping

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy (12-sessions, to the right knee; plus lumbar spine due to flare-up pain from limping): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 07/16/2002. The medical records provided indicate the diagnosis Degenerative Joint disease right knee, right patellofemoral disorder, lateral meniscus tear right knee, right medial meniscus tear, exacerbation of lumbar strain due to limping. Treatments have included 9 physical therapy visits to back and knee, Etodolac, Tramadol, Alprazolam, Amitriptyline, Flurazepam, Sumatriptan, Celebrex, and Zantac. The medical records provided for review do not indicate a medical necessity for additional post-operative physical therapy (12-sessions, to the right knee; plus lumbar spine due to flare-up pain from limping). The MTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Nevertheless, the MTUS recommends postsurgical treatment (Meniscectomy) of 12 visits over 12 weeks within a postsurgical physical medicine treatment period of 6 months for tear of medial/lateral cartilage/meniscus of knee. Furthermore, the recommended physical medicine guideline for chronic pain is a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. The records indicate the injured worker has had 9 postsurgical visits; therefore, the additional request for 12 visits is not medically necessary and appropriate.