

Case Number:	CM14-0215655		
Date Assigned:	01/05/2015	Date of Injury:	09/09/2014
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male with a reported industrial injury on September 9, 2014, the injured worker was getting out of a truck and his foot got stuck and he heard a pop in the right knee. The injured worker was seen on November 20, 2014, for an orthopedic consultation. The presenting complaints included sharp pain in the right knee with certain movements, there is giving way and weakness of the right knee, he is able to walk but has difficulty climbing up and down stairs. The physical exam of the right knee revealed Varus alignment of the lower extremities, generalized swelling, patellar crepitus and retropatellar tenderness not with firm palpation, there is medial joint line tenderness, the McMurray's sign is positive and tenderness in the popliteal area. The diagnostic studies have included Magnetic resonance imaging (MRI) of the right knee was completed on October 22, 2014, which revealed a large medial meniscal tear, with displacement. A Cyclops lesion was noted and the anterior cruciate ligament graft intact. The medical treatment is cortisone injection and Non-steroidal anti-inflammatory drug. Diagnoses are torn medial meniscus, right knee and status post anterior cruciate ligament reconstruction of the right knee. The treatment plan is to get authorization for knee operative arthroscopy with partial medial Menisectomy of the right knee. On December 9, 2014, the provider requested Operative arthroscopy, partial medial Menisectomy surgery right knee, Preoperative physical and labs, Postoperative vacutherm cold therapy for 7 days and Postoperative physical therapy twice a week for four weeks for the right knee, on December 15, 2014, the Utilization Review partially approved the post-op physical therapy x6 and approved Operative arthroscopy, partial medial Menisectomy surgery right knee, Preoperative physical and

labs, Postoperative vacutherm cold therapy for 7 days, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy twice a week for four weeks for the right knee: Upheld

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

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

Decision rationale: MTUS recommends 12 PT visits after meniscectomy surgery, with half those sessions at the time of initial post-op therapy certification. The records do not provide a rationale for an exception to this recommendation, particularly in the pre-operative setting. Overall MTUS does not support this request. This request is not medically necessary.