

Case Number:	CM14-0216353		
Date Assigned:	01/06/2015	Date of Injury:	05/22/2009
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: Minnesota, Florida
 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:

The injured worker is a 51-year-old female with a history of a fall on 5/22/2009 and associated pain in her knees, shoulders, neck, hands, and back. The injured worker underwent an L4-S1 anterior/posterior fusion in 2012 and a right knee medial and lateral meniscectomy on October 27, 2014. Her medications included Protonix, ibuprofen and Norco. The operative report dated 10/27/2014 indicates findings of grade 4 chondromalacia of the medial femoral condyle involving 60% of the articular surface and grade 4 chondromalacia of 60% of the trochlea. Degenerative tear of the lateral meniscus involving the body and anterior horn was noted. There was a posterior horn right medial meniscal tear. The procedure included arthroscopy with partial medial and lateral meniscectomy, chondroplasty of medial femoral condyle and subtotal synovectomy. The injured worker was then seen on 11/12/2014 at which time she was ambulating with crutches and had pain of 7/8/10. She had not attended any postoperative physical therapy. A request for 18 sessions of postoperative physical therapy 3 times a week for 6 weeks for the right knee was modified by utilization review to 12 sessions, 3 times a week for 4 weeks which was medically reasonable and necessary and therefore authorized. The additional 6 sessions were not felt to be necessary at that time. A request for Norco 10/325 #60 was authorized. A request for Motrin 800 mg #90 was also authorized. In addition, a purchase of Protonix 20 mg #60 was authorized. The date of utilization review decision was 12/16/2014. The decision was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of outpatient post-operative physical therapy to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

Decision rationale: The California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The postsurgical physical medicine treatment period is 6 months. The initial course of therapy is 6 visits and then with objective documentation of continuing functional improvement a subsequent course of therapy of 6 visits may be prescribed. The request as stated for 18 visits exceeded the guidelines and as such, the medical necessity of the request is not substantiated.