

Case Number:	CM15-0014170		
Date Assigned:	02/02/2015	Date of Injury:	11/22/2012
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 60-year-old female who reported an injury on 11/22/2012. The mechanism of injury was not stated. The current diagnoses include status post right shoulder arthroscopy, severe postoperative stiffness of the right shoulder, cervical degenerative spine disease, right carpal tunnel syndrome, and right medial meniscus tear. The injured worker presented on 01/16/2015 for a followup evaluation. It was noted that the injured worker had been improved for a right knee arthroscopy with meniscectomy. The injured worker reported 6/10 right knee pain. It was noted that the injured worker utilized a cane for ambulation assistance and a soft form knee brace. Upon examination, there was an antalgic gait, 5 to 110 degree range of motion, medial and lateral joint line tenderness, and positive McMurray's sign. Recommendations included arrangement of preoperative appointments prior to surgery. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy qty: 12.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for an initial 12 sessions of postoperative physical therapy exceeds guideline recommendations. There is also no specific body part listed in the request. Given the above, the request is not medically appropriate.