

Case Number:	CM15-0113226		
Date Assigned:	06/19/2015	Date of Injury:	09/23/2007
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 09/23/07. She reported complaints of low back, right shoulder, neck, bilateral knees and right ankle pain. She was diagnosed with bilateral medial meniscus tear. MRI of right knee performed on 10/26/14 indicated complex degenerative tear in the medial meniscus extending anterior and posterior with moderate extrusion, horizontal tear in the lateral meniscus, chronic sprain/partial tear of the lateral collateral ligament, small joint effusion and moderate sized baker's cyst. Primary treating physician's progress report dated 01/05/15 stated injured worker with severe right knee pain. Treating with pain medications. Work status is retired. Initial comprehensive orthopedic examination addressed multiple orthopedic complaints. In regards to the right knee, the injured worker reported complaints of sharp pain, popping, clicking, grinding, stiffness, limited range of motion and weakness. Plan of care includes arthroscopy and debridement of right knee, post-op physical therapy of the right knee three times per week for four weeks to increase strength, range of motion and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter nad pg 53.

Decision rationale: According to the guidelines, therapy after knee surgery for a meniscal tear is appropriate for 12 sessions over 12 weeks. In this case, the claimant was scheduled for surgery but not was not completed. In addition, the frequency exceeds the guideline recommendations. Outcome of the surgery is unknown. The request for 3 sessions per week for 4 weeks of physical therapy is not medically necessary.