

Case Number:	CM15-0114125		
Date Assigned:	06/22/2015	Date of Injury:	10/21/2014
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 (IW) is a 61 year old female who sustained an industrial injury on 10/21/2014. She reported right knee pain. The injured worker was diagnosed as having mild to moderate chondromalacia of the patellofemoral joint and a medial meniscus tear. Treatment to date has included activity modifications, medication and physical therapy, and on 02/23/2015, arthroscopy of right knee with partial medial meniscectomy and chondroplasty. Currently, 4/29/15, the injured worker complains of pain in the right knee that is constant in nature and rated about 6/10 in intensity. The knee has occasional swelling. She has attended physical therapy which is described as "really helping". On examination of the knee, the motor strength in both left and right knee in all groups is full at 5/5 strength and equal bilaterally. Deep tendon reflexes are equal at 2+ with no clonus, Babinski and Hoffmann signs are negative. Records demonstrate that the patient has completed 12 visits of therapy postoperatively. The treatment plan was for an extension of her physical therapy twice a week for six weeks for ongoing treatment, and prescription of Relafen for anti-inflammatory and pain control. A request for authorization is made for Post-operative Physical Therapy, Right Knee, 2 times weekly for 6 wks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, Right Knee, 2 times wkly for 6 wks, 12 sessions: Upheld

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

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 4/29/15 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the request is not medically necessary.