

Case Number:	CM15-0116422		
Date Assigned:	06/24/2015	Date of Injury:	10/07/2011
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 73 year-old male who sustained an industrial injury on 10/07/11. He complains of right knee pain with swelling, decreased range of motion, clicking, and grinding. He cannot squat, kneel, use stairs, and has difficulty walking long distances. His diagnoses include right knee medial and lateral meniscus tear, and right knee chondromalacia. He has failed cortisone injection treatment and physical therapy. In a progress note dated 04/10/15 the treating provider reports the right knee is tender to palpation at the medial and lateral joint lines; McMurray and Apley tests are positive medially and laterally. There is mild effusion with range of motion 0-120 degrees. The injured worker has MRI and clinical evidence of right knee meniscal tear with mechanical symptoms. Treatment recommendations include right knee arthroscopy, meniscectomy, and chondroplasty with postoperative physical therapy for 12 sessions, 3 times a week for 4 weeks. Date of Utilization Review: 06/03/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post operative physical therapy 3 x a week for 4 weeks 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.

Decision rationale: Treatment plan included right knee arthroscopic meniscectomy with post-op PT. The current request for 12 PT sessions was modified for an initial 6 visits pending assessment of benefit. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's planned arthroscopy is without documented functional limitations, post-operative complications, or comorbidities to allow for total of 12 initial physical therapy. The 12 sessions of post operative physical therapy 3 x a week for 4 weeks to the right knee is not medically necessary or appropriate.