

Case Number:	CM15-0117619		
Date Assigned:	06/25/2015	Date of Injury:	06/25/2014
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on June 25, 2014, incurring left lower extremity injuries. She was diagnosed with left knee sprain with a tear of the anterior cruciate ligament, medial and lateral meniscus, left foot sprain, left ankle sprain and left heel plantar fasciitis. Treatment included physical therapy, acupuncture, chiropractic sessions, pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic creams and orthopedic consultation and work restrictions and modifications. A left knee Magnetic Resonance Imaging revealed chondromalacia, left knee internal derangement, and meniscus tear. Currently, the injured worker complained of continuous leg pain with numbness and tingling of the left knee and the left ankle. She had pain when walking and standing for prolonged periods of time. The pain radiated from the left knee down into the heel of the foot and increased going up and down stairs. She was noted to have limited range of motion of the left knee. The treatment plan that was requested for authorization included post-operative left knee arthroscopic physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x8 sessions: Upheld

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

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

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for left knee pain. When seen, pain was rated at 5/10. Included there had been minimal improvement with approximately 7 sessions of therapy and medications. Physical examination findings included left knee joint line tenderness with positive Apley testing. An MRI had shown findings of a meniscal tears. A diagnostic knee arthroscopy and possible partial meniscectomy with post-operative physical therapy was requested. Post surgical treatment after knee arthroscopic meniscectomy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. The request is in excess of the guideline recommendation and not medically necessary.