

Case Number:	CM15-0117809		
Date Assigned:	06/26/2015	Date of Injury:	04/16/2012
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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 is a 51 year old male, who sustained an industrial injury on 4/16/12. He reported initial complaints of cumulative trauma to right knee. The injured worker was diagnosed as having degenerative joint disease right knee; osteoarthritis localized, not otherwise specified whether primary or secondary lower leg; unspecified orthopedic aftercare. Treatment to date has included status post right knee arthroscopy (2014); status post right knee arthroscopy with debridement/scar removal, hardware removal (3/13/15). Currently, the PR-2 notes dated 5/12/15 indicated the injured worker returned after his right knee incision revision on 4/24/15. He recently went in to get the sutures removed and reports everything is been doing well. He has not lost any range in the process and will resume physical therapy on Thursday. The injured worker has a surgical history for his right knee. He has a status post right knee arthroscopy, Anterior Cruciate Ligament (ACL) repair in 2005 prior to this claim. He has a subsequent right knee arthroscopy in 2014 and right knee arthroscopy with debridement/scar removal, hardware removal on 3/13/15. This surgery resulted in a persistent draining sinus at the central wound. He suffered a myocardial infarction (MI) 8 days post-surgery on 3/21/15. After he recovered, he saw a plastic surgeon who evaluated the draining wound and on 4/28/15 the injured worker has an excision and primary closure of the right knee wound. He was scheduled for physical therapy and continued with 9 postoperative visits. On physical examination, the right knee shows milder tenderness to palpation adjacent to the incision line anteriorly and motor strength is documented 5+ in the quadriceps and hamstring. He has knee flexion at 140 degrees and extension at 0

degrees. The provider has requested authorization for additional physical therapy 12 sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 times a week for 6 weeks, quantity: 12 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: 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 5/12/15 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 determination is not medically necessary.