

Case Number:	CM15-0118942		
Date Assigned:	07/02/2015	Date of Injury:	09/09/2014
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, Oregon
 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 58 year old male patient who sustained an industrial injury on 09/09/2014. The accident was described as while working regular duty as a corrections officer escorting an inmate to an appointment going downstairs he slipped after missing a step twisting his right knee and falling. He states having heard a "pop" noise as this occurred. A radiologic report dated 09/10/2014 revealed right knee study with no definite fracture and joint effusion. At a follow up dated 11/24/2014 reported treating diagnoses of: osteoarthritis of right knee, and right knee sprain. On 12/04/2014, the treating diagnoses were unchanged. Subjective complaint showed patellar pains at the lateral aspect with mention that prior physical therapy session offered some benefit. He does actively participate in home exercises. He states taking Ibuprofen for the pain. The plan of care noted the patient returning to a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy x 16 to the right knee: 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: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. 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. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.

Vitamin C 500IU #60: 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 Official Disability Guidelines (ODG) wrist.

Decision rationale: CAMTUS/ACOEM is silent on the issue of vitamin c supplementation. Per ODG wrist, vitamin C is recommended after wrist fracture to lower the risk of RSD. In this case, the use scenario is outside of guidelines; therefore the request is not medically necessary.