

Case Number:	CM15-0119366		
Date Assigned:	06/29/2015	Date of Injury:	05/06/2013
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
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 63 year old female, who sustained an industrial injury on 5/6/13. She reported pain in the neck, upper extremities, wrists, mid and low back, shoulders, and bilateral knees. The injured worker was diagnosed as having osteoarthritis of both knees associated with tears of the medial meniscus. Treatment to date has included right knee arthroscopic surgery on 1/27/15, physical therapy, and medication including Meloxicam and Tramadol. Physical examination findings on 3/16/15 included knee painful range of motion, positive Mc Murray's tests, and tenderness to palpation over the medial joint line of bilateral knees. Sub patellar crepitation was present and pain was elicited with patellar compression tests. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for post-operative physical therapy for the right knee 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the right knee 2 times a week for 4 weeks: 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: CA MTUS/Post surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. In this case, the initial approved visits have been conducted and deficits remain. There is no documentation of improvements gained or those expected with more therapy in the note of 3/16/15. Based on this, the request is not medically necessary.