

Case Number:	CM15-0128414		
Date Assigned:	07/14/2015	Date of Injury:	04/14/2014
Decision Date:	08/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 48 year old male with an industrial injury dated 04/14/2014. The injured worker's diagnoses include traumatic right knee internal derangement with chronic patellar femoral pain, chondromalacia of the patella, and right and partial intrasubstance tear of the patellar quadriceps tendon. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported right knee pain with weakness. Objective findings revealed tenderness on lateral right knee and right patella, pain with end range of motion and left knee strength due to pain. In a progress note dated 06/17/2015, the injured worker reported sharp pain inside the right knee and a burning pain on the lateral aspect of the right knee which started recently. The injured worker rated pain a 3/10. The injured worker also reported weakness, popping and the knee giving away. Objective findings revealed tenderness to palpitation over right knee medial joint line, pain over the medial and lateral facets with patella pressure, positive McMurray's test, and positive Clark's test. Treatment plan consisted of right knee arthroscopic surgery. The treating physician prescribed post-op physical therapy of right knee Quantity: 12.00 and CTU (days) Quantity: 10.00 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy of right knee Qty: 12.00: 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. The guidelines recommend initially; of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

CTU (days) Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case the requested length exceeds the guideline recommendations and is therefore not medically necessary.