

Case Number:	CM15-0176330		
Date Assigned:	09/17/2015	Date of Injury:	06/03/2014
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female who sustained an industrial injury on 06-03-2014. Diagnoses include internal derangement of the right knee, status post arthroscopic right knee subtotal medial meniscectomy, and chondroplasty of the patella, post-operative hemarthrosis, left shoulder sprain-stain, anxiety and insomnia. The injured worker underwent a right knee subtotal medial meniscectomy, chondroplasty of the patella, synovectomy and diagnostic arthroscopy, placement of a pain pump and a Bledsoe brace on 06-26-2015. On 08-19-2015 a physician progress note documents the injured worker has post-operative right knee pain that is intermittent and moderate. She wears a brace on the right knee and uses a crutch. She has moderate muscle guarding. There is 45 degree flexion, and she has inflammation. She complains of dull achy left knee pain. A physician progress note dated 08-11-2015 documents the injured worker is still using the CMP machine and brace, and attending outpatient physical therapy but has fallen three times when she slipped in her kitchen. She is doing better and taking Norco one time a day. She can actively contract her quadriceps but it is quite weak. She has grade 2 synovitis and no effusion. She is continuing physical therapy 2 times a week but is making slow progress. Her active range of motion is 0-80 degrees and passive range of motion is 0-90 degrees. She was given a smaller brace so it is less cumbersome and she was given a prescription for Naprosyn 550mg twice a day-she is trying to get off of the Norco. In a progress note dated 07-07-2015 the injured worker feels a little better. She has been using a CMP machine at 70 degrees but she still has moderate to severe pain. She is using one crutch with ambulation. On examination he has improved range of motion from 5-50 degrees to 0-80 degrees. She had 30cc of blood aspirated

and sutures were removed. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, status post right knee surgery and physical therapy. Current medications include Norco, Naproxen, Xanax, and Prilosec. On 09-03-2015 the Utilization Review non-certified the requested treatment post-op rehabilitation (unspecified frequency and duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op rehabilitation (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Key points for this review are: this claimant was injured in 2014 with internal derangement of the right knee, status post arthroscopic right knee subtotal medial meniscectomy, and chondroplasty of the patella, post-operative hemarthrosis, left shoulder sprain-stain, anxiety and insomnia. The injured worker underwent a right knee subtotal medial meniscectomy, chondroplasty of the patella, synovectomy and diagnostic arthroscopy, placement of a pain pump and a Bledsoe brace on 06-26-2015. As of August, the injured worker was still using a continuous passive motion machine and brace, and attending outpatient physical therapy but has fallen three times. There was no frequency and duration specified with this post operative rehabilitation request. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. This request for more skilled, monitored therapy is not medically necessary.