

Case Number:	CM15-0037604		
Date Assigned:	03/06/2015	Date of Injury:	05/13/2014
Decision Date:	06/24/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/27/2015

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 29 year old female, who sustained an industrial injury on 5/13/14. She reported pain in lower back, bilateral knees and bilateral ankles. The injured worker was diagnosed as having lumbosacral disc. Treatment to date has included physical therapy, medications and right knee brace. (MRI) magnetic resonance imaging of right ankle performed on 7/31/14 revealed no abnormalities, (MRI) magnetic resonance imaging of right knee performed on 3/31/14 revealed medial meniscal tear, mild semimembranosus tendinosis and fluid collection posterior to proximal tibia, adjacent to the tibiofibular joint and popliteal myotendinus segment and (MRI) magnetic resonance imaging of lumbar spine performed on 7/31/14 revealed degenerative disc disease of L5-S1 with central disc protrusion with anular tear and possible spondylosis. Currently, the injured worker complains of low back pain rated 9/10, right knee pain rated 9/10 and right ankle pain rated 8/10. She is currently not working. Physical exam noted limited lumbosacral range of motion and limited range of motion of bilateral knees. A request for authorization was submitted for right knee arthroscopy, assistant surgeon, internal medicine clearance, postoperative physical therapy, cold therapy unit, transportation, Voltaren SR, Flexeril, Ultracet and physical therapy of right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 24 visits for 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: 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.