

Case Number:	CM15-0046361		
Date Assigned:	03/18/2015	Date of Injury:	09/14/2014
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Illinois, California, Texas
 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 17 year old male who sustained a work related injury on 9/14/14. Injury occurred when he reached down to get something and felt a pop in his right knee. The 10/3/14 right knee MRI impression documented a flipped bucket-handle tear of the medial meniscus, anterior cruciate ligament tear, and small joint effusion. The 2/6/15 initial orthopedic consult cited constant right knee pain, with swelling, locking and giving way. Pain was increased with walking short distances or getting up from a seated position. Right knee exam documented diffuse right knee swelling, range of motion -15 to 120 degrees, pain beyond 90 degrees of flexion, and patellofemoral crepitation with motion. Patella tracking was within normal limits. McMurray's and Apley's tests were positive. There was no instability. There was tenderness over the medial joint line, posteromedial joint line, lateral joint line, and patella. A request for authorization was submitted on 02/19/2015 requesting arthroscopic surgery with partial medial meniscectomy and possible chondroplasty of the right knee and post op physical therapy 3 x 4. The 2/24/15 utilization review certified a request for right knee arthroscopy with partial medial meniscectomy and possible chondroplasty. An associated request for pop physical therapy 3 times per week for 4 weeks was modified to an initial 6 visits consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 3 Times A Week for 4 Weeks for The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/24/15 utilization review recommended partial certification of 6 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.