

Case Number:	CM15-0061118		
Date Assigned:	04/07/2015	Date of Injury:	04/11/2013
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on 4/11/2013. He reported injuring his low back and right knee. Diagnoses have included chondromalacia patella of the right knee, medial and lateral meniscal tears of the right knee, findings consistent with osteoarthritis of the right knee and lumbosacral strain. Treatment to date has included magnetic resonance imaging (MRI) of the right knee, arthroscopy of the right knee, physical therapy. According to the progress report dated 1/22/2015, the injured worker complained of a painful lower back and a painful right knee. Exam of the right knee revealed soft tissue swelling without an effusion. He was unable to extend his knee against gravity. There was tenderness to palpation of the lateral and anterolateral joint line and the posteromedial joint line. McMurray's test was positive. There was crepitus with flexion and extension of the knee. Authorization was requested for right knee arthroscopy with medial and lateral meniscectomy, synovectomy and chondroplasty patella, pre-operative labs and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy three (3) times per week for four (4) weeks (12 visits):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15.

Decision rationale: Review indicated the knee arthroscopy was approved with the request for 12 visits of post-operative physical therapy modified for initial trial of 6 visits. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic debridement and meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support the additional physical therapy beyond the initial trial criteria. It is unclear when the patient's arthroscopy was completed; however, submitted reports are without documented functional limitations, post-operative complications, or comorbidities to allow for total visits of physical therapy beyond initial trial period to assess for functional benefit. The Post-operative physical therapy three (3) times per week for four (4) weeks (12 visits) is not medically necessary and appropriate.