MAXIMUS Federal Services

Case Number:	CM15-0064489		
Date Assigned:	04/10/2015	Date of Injury:	10/17/2013
Decision Date:	05/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury to the right knee on 10/17/13. Previous treatment included magnetic resonance imaging, physical therapy, home exercise, activity modification and medications. In an orthopedic evaluation dated 11/24/14, the injured worker complained of persistent right knee pain rated 7/10 on the visual analog scale. Current diagnoses included right medial meniscus tear status post-industrial trip and fall. The treatment plan included right knee arthroscopy with partial medial meniscectomy, chondroplasty and debridement with associated surgical services and postoperative physical therapy three times a week for four weeks. A history and physical dated 1/26/15 indicated that the surgery had been cancelled due to hypertension and high blood sugar. The physician noted that the injured worker was now cleared for surgery. On 1/28/15, a request for authorization was submitted for postoperative transportation to appointments. On 3/23/15, a request for authorization was submitted for postoperative transportation to appointments. A letter dated 3/23/15 indicated that the surgery was scheduled for 3/25/15. No operative report was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE TRANSPORTATION TO APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there is no operative report indicating completion of surgery or significant disability. In addition, the amount of office visits required in advance cannot be determined prior to surgery. The request for transportation is not medically necessary at the time of request.

PHYSICAL THERAPY QTY 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines phyical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG - knee chapter and pg.

Decision rationale: According to the guidelines, up to 12 sessions of therapy is appropriate for post-operative meniscal repair. In this case, there is no evidence of completion of surgery. Response to surgery is unknown. There is a mismatch between the surgical request for 12 sessions and the order for 10 sessions above. The request is not substantiated by evidence of surgery and is not medically necessary.