

Case Number:	CM15-0065271		
Date Assigned:	04/13/2015	Date of Injury:	04/16/2014
Decision Date:	05/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 36-year-old male, who sustained an industrial injury on 4/16/2014. He reported injury of the right foot, right ankle, right knee, neck, and back after a motor vehicle accident. The injured worker was diagnosed as having cervical spine sprain/strain resolved, lumbar spine sprain/strain, internal derangement of right knee, right ankle sprain/strain, and right knee fractures. Treatment to date has included medications, physical therapy, modified duty, injection, and magnetic resonance imaging. The request is for 8 post-operative physical therapy visits. On 3/20/2015, he was seen for increased low back and right knee pain. He reports his ankle pain to be the same. He is currently undergoing physical therapy for the low back and right ankle, and indicates prolonged sitting to aggravate his pain. He rates his pain as 5/10 with medications and 8/10 without medications. He is waiting on approval for knee surgery. The treatment plan included: continuing current medications, continuing physical therapy, use ice for flare-ups and follow up. The records indicate he has increased right knee pain with use of exercise bike or leg machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 POST-OPERATIVE PHYSICAL THERAPY VISITS OVER 4 WEEKS FOR THE RIGHT KNEE: Upheld

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

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 of 32 visits exceeds the initial allowable visits, the determination is for non-certification.