

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0066553 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 05/06/2014 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female, who sustained an industrial injury on 5/6/2014. She reported a knee injury while climbing stairs. The injured worker was diagnosed as status post left knee arthroscopy, left knee lateral meniscal tear, left knee chondromalecia, left knee patella tendinitis. Treatment to date has included left knee surgery, physical therapy and medication management. In a progress note dated 2/17/2015, the injured worker complains of left knee pain. The treating physician is requesting 12 additional post-operative physical therapy visits to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 5/6/2014. The medical records provided indicate the diagnosis of status post left knee arthroscopy, left knee lateral meniscal tear, left knee chondromalacia, left knee patella tendinitis. Treatment to date has included left knee surgery, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Post Operative Physical Therapy left knee. The records indicate the injured worker complained of worsening pain in the left knee; examination revealed 145 degrees versus normal flexion of 150 degrees, mild tenderness in the joint line. The injured worker was approved for 20 post operative physical therapy visits, but at the time of this evaluation the injured worker had done 10 sessions. During a subsequent visit with the treating provider, after completing 17 visits, the injured worker continued to complain of knee pain, but the knee examination was normal. The MTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy: Nevertheless, the Post operative Guidelines has he following recommendations: Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6;717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. Therefore, based on the fact that the examination findings, and based on the post surgical physical medicine guidelines, the request is not medically necessary.