

Case Number:	CM15-0068423		
Date Assigned:	04/16/2015	Date of Injury:	08/29/2014
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida
 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 40 year old, male who sustained a work related injury on 8/29/14. He stepped into a hole on a hillside and fell injuring his right knee. The diagnoses have included derangement of medial meniscus, loose body in knee and localized chondromalacia. The injured worker gives a history of an old football related injury to his right knee 22 years ago. He underwent arthroscopy of the right knee in 1992. The MRI scan of 10/22/2014 revealed an absent anterior cruciate ligament, old partial medial meniscectomy with a complex degenerative tear of the remnant of the medial meniscus and osteoarthritis of the medial compartment. The injured worker underwent physical therapy from 10/15/2014 through 11/14/2014, a total of 10 visits out of the 12 that were scheduled preoperatively. After surgery on 12/20/2014 documentation does not indicate physical therapy until 02/06/2015 when a physical therapy note indicates some that he was to be seen 3 times a week for 4 weeks. The operative findings at the time of the surgery of 12/20/2014 included absent anterior cruciate ligament, grade 4 chondromalacia in patches, particularly in the medial compartment and tricompartmental chondromalacia of the knee. The progress notes dated 2/11/2015 document only one physical therapy visit had been completed out of the 12 that were scheduled. The disputed issue is a request for additional 9 physical therapy visits that were modified to 3 with transition to a home exercise program. California MTUS postsurgical treatment guidelines were cited. The request is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3x3 on right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy and also for chondromalacia. The initial course of therapy is 6 visits and then after documentation of continuing functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The injured worker also has osteoarthritis of the knee and ACL deficiency from the old injury which makes the rehabilitation difficult. The documentation indicates that a functional knee brace was to be utilized. He had been through physical therapy preoperatively and so was familiar with a home exercise program. There was no reason why he could not transition to a home exercise program after completion of the 12 visits. Assuming the physical therapy notes of 2/6/2015 indicating approval of 12 postoperative visits are correct, the request for additional 9 visits exceeds the guideline recommendation and is not supported and the medical necessity of the additional request has not been established. Utilization review certified 3 out of these 9 visits with transition to a home exercise program which is appropriate. Therefore, the requested treatment is not medically necessary.