

Case Number:	CM13-0016468		
Date Assigned:	06/06/2014	Date of Injury:	04/19/2012
Decision Date:	07/29/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with a date of injury of April 19, 2012. A progress note dated June 26, 2013 identifies subjective complaints of improvement with the right knee following a third Synvisc injection, development of pain and slight swelling in the left knee, use of Motrin, completion of acupuncture which was found to be helpful, an MRI revealed grade three chondromalacia of the patella and lateral femoral condyle, and right knee pain and swelling with increased activities. The physical examination of the right knee identifies very minimal joint effusion with limited range of motion, right knee flexion to about 115 degrees, slight tenderness over the medial joint line of the right knee. The treatment plan recommends continuation of Prilosec, Motrin, acupuncture, and for the patient to remain off work until August 15, 2013. On July 31, 2013 the patient underwent a right knee partial lateral meniscectomy, synovectomy, and lateral retinacular release. On May 14, 2014 the patient underwent a right total knee arthroplasty. On June 4, 2014 the patient was certified for 12 initial sessions of postoperative physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE, 2 TIMES A WEEK FOR 12 WEEKS, AS AN OUTPATIENT.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for 12 post-operative PT sessions for the right knee, 2 times a week for 12 weeks, the California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. Within the documentation available for review, it is noted that the patient has had two right knee surgeries (meniscectomy followed by a total knee replacement) with post-operative PT following each surgery. There is no documentation of ongoing objective functional treatment goals after completion the most recent physical therapy sessions. As such, the current request for twelve 12 post-operative PT sessions for the right knee, 2 times a week for 12 weeks, is not medically necessary.