

Case Number:	CM13-0018912		
Date Assigned:	10/11/2013	Date of Injury:	10/23/2007
Decision Date:	04/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

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 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:

The patient is a 74-year-old female who was injured on 10/23/2007 while falling on some ice at work, injuring her knee. The prior treatment history has included eighteen (18) postoperative physical therapy sessions. The patient has had an extended course of physical therapy, totaling eighteen (18) authorized visits and should be truly versed with self-directed stretching and strengthening exercises. There is limited evidence of significant functional gains as well as decreased pain intensity as a result of prior therapy. The patient underwent a left knee arthroscopy with a partial medial meniscectomy and a partial lateral meniscectomy plus a tricompartmental synovectomy and a chondroplasty of the lateral femoral condyle on 03/15/2013. The progress report (PR2), dated 04/08/2013 documented the patient to have complaints of continued soreness throughout the entire left knee and reported swelling and stiffness of the left knee, and noted that her range of motion was not where she would like it to be. The objective findings on exam revealed that the gait was minimally left antalgic, without the use of any supportive devices. There was mild patella-femoral crepitus with the range of motion. The range of motion goes from -10 degrees of hyperextension to 109 degrees of flexion. The physical therapy (PT) Comprehensive Evaluation, dated 04/15/2013 reveals knee flexion on the left 126 degrees and knee extension on the left -6 degrees. The patient will benefit from skilled physical therapy to increase range of motion, strength, activity tolerance, and decrease pain. Currently, the patient has minimal soft tissue irritability. A home exercise program was given and explained and the patient returned demonstrating the exercises with understanding. The Physical Therapy Note (midpoint), dated 05/01/2013 documented the patient to have no complaints of sharp pain. The Physical Therapy Note, dated 05/20/2013 documented the patient to have complaints of occasional "giving out" of knee at work and with "running my dog." The objective findings on exam reveal normal gait and station. The examination of left knee reveals

132 degrees of flexion and 0 degrees extension. The patient had improved gait, improved active range of motion (AROM), improved independence with activities of daily living (ADLs), and decreased pain symptoms. The patient has received active range of motion, strengthening, home exercise program, and neuromuscular re-education during past sessions. The progress report (PR2), dated 05/22/2013 indicated that the patient started post-operative physical therapy on April 15, 2013, which has helped increase her range of motion as well as her strength of the left knee. She continues to report some soreness of the left knee mainly at the lateral and medial aspect of the left knee as well as down her left shin with walking down a slope. The objective findings on exam reveal that the gait is minimally left antalgic, without the use of any supportive devices. There is minimal patella-femoral crepitus with the range of motion. The range of motion goes from zero degrees of extension to 130 degrees of flexion. The progress report (PR2), dated 07/03/2013 indicated that the patient states that the post-operative physical therapy improved the strength in her left knee as well as the range of motion and her mobility. She reports occasional left knee pain with constant soreness. The objective findings on exam reveal that the gait is minimally left antalgic, without the use of any supportive devices. There is mild patella-femoral crepitus with the range of motion. The range of motion goes from zero of extension to 137 degrees of flexion. The anterior drawer test is negative. The posterior drawer test is negative. The progress report (PR2), dated 08/14/2013 indicated that the patient states that she has completed the second round of post-operative physical therapy in July 2013 which she states helped improve the strength in

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY ONCE A WEEK FOR SIX (6) WEEKS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the medical records, the patient is more than one (1) year status post left knee arthroscopy for meniscectomy, synovectomy and chondroplasty. According to the guidelines, post-surgical treatment of twelve (12) sessions is recommended. Following surgery, she has completed at least eighteen (18) postoperative physical therapy sessions for her left knee. The patient has already completed an extended course of supervised physical therapy for the diagnosis. Therapy had also included instruction in a home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The progress report, dated 08/14/2013 demonstrated minimal findings on examination, and do not establish a need for additional supervised therapy. At this juncture, the patient should be well versed with self-directed stretching and strengthening exercises, which would be appropriate to utilize to continue to maintain function and continue to make functional gains. The medical necessity for postoperative physical therapy once a week for six (6) weeks for the left knee is not established.

