MAXIMUS Federal Services

Case Number:	CM13-0024255		
Date Assigned:	12/11/2013	Date of Injury:	06/30/2012
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Minnesota, Nebraska and Texas. 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 physician 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 patient is a 24-year-old male who reported an injury on 06/30/2012. Notes indicate that the mechanism of injury is a fall with the patient indicating at the time of injury that he felt a pop to the knee with immediate pain over the medial aspect of the knee. The patient had some initial swelling. Due to the persistence of pain, the patient was provided with an MRI which revealed a tear involving the posterior horn as well as the body of the medial meniscus consistent with a bucket handle type tear in the right knee. The patient, on 06/20/2013, underwent an examination under anesthesia of the right knee with diagnostic and operative arthroscopy. Per clinical notes, the patient started physical therapy on 06/24/2013 and then completed 6 sessions of physical therapy as of 07/09/2013. Therapy notes from 07/09/2013 indicated that the patient had active range of motion with extension to 115 degrees and flexion to -6 degrees. The patient also had a continued antalgic gait. Treatment notes from 08/06/2013 indicated the patient to have range of motion actively of 116 degrees with strength of 3+/5 in the quadriceps and 4-/5 in the hamstrings. Notes detail that the patient was recommended for additional physical therapy. Clinical notes from 08/20/2013 indicated the patient as having completed 12 sessions of physical therapy with range of motion indicated as 0 degrees to 118 degrees. Strength remained the same at 3+/5 in the quadriceps and 4-/5 in the hamstrings. Additionally, treatment plan notes indicate the recommendation for continued additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional post operative physical therapy sessions to the right knee, # 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Post-Surgical Guidelines state post surgical treatment following meniscectomy may consist of 12 therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. The documentation submitted for review indicates that the patient has completed 12 sessions of postoperative physical therapy with range of motion from 0 degrees to 118 degrees and 3+/5 strength in the quadriceps and 4-/5 strength in the hamstrings; however, there is a lack of documentation of exceptional factors for the patient to continue with physical therapy versus a home exercise program from which the patient may derive further benefit. There is a lack of documentation indicating the patient has made substantial gains with physical therapy to date. Additionally, the request for 18 postoperative physical therapy sessions on top of the already completed 12 physical therapy sessions exceeds the recommendation of the guidelines. Given the above, the request for additional postoperative physical therapy sessions to right knee, #18 is not medically necessary and appropriate

additional post operative chiropractic care sessions to the right knee # 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request for 18 additional postoperative chiropractic sessions is outside the recommendation of the guidelines. The use of chiropractic treatment has not been found to be efficacious for treatment of the knee. Given the above, the request for additional postoperative chiropractic sessions to the right knee, #18 is not medically necessary or appropriate.