

Case Number:	CM13-0024611		
Date Assigned:	11/20/2013	Date of Injury:	10/18/2011
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36 yo male with a date of injury of 10/18/2011. Patient has diagnoses of closed fracture clavicle, shoulder/arm sprain, fracture distal radius, sprain lumbosacral, internal derangement knee and head injury. It also noted patient is s/p arthroscopic medial meniscectomy of left knee, manipulation under anesthesia, arthroscopic synovectomy of the left joint. (04/09/2013). Orthopedic re-evaluation, dated 08/01/2013 by [REDACTED] documents that patient has been doing fairly well other than stiffness and some pain to the medial side of the knee. [REDACTED] states patient has finished his 12-14 post op physical therapy sessions and feels that the visits were enough. Post-operative evaluation dated 05/30/2013 by [REDACTED] reports patient has completed 12 physical therapy sessions and has improved functionality and less pain. He requests extension of physical therapy x12 sessions. UR, dated 08/20/2013, denied request for additional therapy indicating that no documentation of symptomatic or functional improvement were noted from previous therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (1) sessions of additional outpatient physical post-op therapy to the left knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient is s/p arthroscopic knee surgery and operative report from 4/9/13 shows that the patient had manipulation of knee, synovectomy, partial medial meniscectomy, partial lateral meniscectomy, non-abrasive chondroplasty of osteochondral lesion, and patella. Orthopedic report, dated 08/01/2013, by [REDACTED] documents that patient has been doing fairly well other than stiffness and some pain to the medial side of the knee. The patient cannot do prolonged standing, lifting, or squatting. Exam showed full range of motion with resistance from full extension about 5 degrees (9/12/13). [REDACTED] states patient has finished his 12 post op physical therapy sessions and feels that the visits were enough. Post-operative evaluation dated 05/30/2013 by [REDACTED] reports patient continues physical therapy and has improved functionality and less pain. Exam showed -10 to 115 degrees of ROM. He requests extension of physical therapy x12 sessions. Utilization review from 08/20/2013 denied the requested additional therapy (from 5/30/13) indicating that no documentation of symptomatic or functional improvement were noted from previous therapy sessions. MTUS post-surgical guidelines have specific recommendations for therapy following surgery. For manipulation under Anesthesia, 20 sessions are recommended and for meniscectomy and most other surgeries, 12 sessions. I do not believe these are additive. The patient has already completed 12 sessions of therapy. Additional 8 sessions may be indicated based on the patient's functional level and still diminished ROM from request date of 5/30/13, but additional 12 sessions exceed the maximum allowed 20 sessions. The treater does not elucidate any extenuating circumstances that would warrant more than recommended therapy. Recommendation is for denial.