

Case Number:	CM13-0027283		
Date Assigned:	09/08/2014	Date of Injury:	01/08/2013
Decision Date:	11/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker is a cook with a date of injury of 1/8/13. The mechanism of injury involved some boxes falling onto the left leg and knee. She would have medial and lateral meniscal tears, status post medial and lateral meniscectomy on 7/12/13. She did have extensive physical therapy following that surgery. She continues to have chronic left knee pain and additional surgery has been recommended. Her current diagnoses include left knee pain, degenerative osteoarthritis, chondromalacia patella, status post medial and lateral meniscectomy and left knee synovitis. Repeat MRI of the left knee on 1/13/14 showed surgical changes with osteoarthritis and probable recurrent tear of the medial meniscus. X-rays would reveal osteoarthritis. Additional treatment has included Hyalgan and corticosteroid injections, a knee brace, medications and recommendation for weight loss. The primary treating physician has requested physical therapy for the left knee for 6 sessions, 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT FOR THE LEFT KNEE FOR 6 SESSION, 2 X WEEK FOR 3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical therapy

Decision rationale: The MTUS notes that physical medicine, including physical therapy (PT), is recommended to provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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 MTUS, Post-Surgical Treatment Guidelines, notes that for tear of medial/lateral cartilage/meniscus of knee, postsurgical treatment (meniscectomy) recommendations are for 12 visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. For chondromalacia of patella the postsurgical treatment recommendations are for 12 visits over 12 weeks *with a postsurgical physical medicine treatment period of 4 months. The ODG guidelines recommended physical therapy with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. Many patients do not require PT after partial meniscectomy. The latest AAOS Guidelines for Treatment of Osteoarthritis of The Knee, include a strong recommendation that patients with symptomatic osteoarthritis of the knee participate in self-management programs, strengthening, low-impact aerobic exercises, and neuromuscular education; and engage in physical activity consistent with national guidelines. ODG Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 [REDACTED]): Medical treatment: 9 visits over 8 weeks Post-surgical (Meniscectomy): 12 visits over 12 weeks Chondromalacia of patella; Tibialis tendonitis (ICD9 [REDACTED]): Medical treatment: 9 visits over 8 weeks Post-surgical: 12 visits over 12 weeks Articular cartilage disorder - chondral defects (ICD9 [REDACTED]) Medical treatment: 9 visits over 8 weeks Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks Pain in joint; Effusion of joint (ICD9 [REDACTED]): 9 visits over 8 weeks Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks In this case the post-operative physical therapy treatments were completed related to the 07/12/13 surgery. The medical records note that another surgical procedure is recommended and appropriate post-operative therapy would be indicated. With symptomatic osteoarthritis, ongoing self-management programs would be appropriate for chronic ongoing symptoms. The request for physical therapy treatment for the left knee for 6 visits, 2 times per week for 3 weeks, is not medically necessary.