

Case Number:	CM13-0036062		
Date Assigned:	03/19/2014	Date of Injury:	09/24/2010
Decision Date:	04/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 47-year-old male who reported a work injury on September 24, 2010. The mechanism of injury was not provided in the medical records. The patient had complaints of left leg pain with swelling, moderate occasional low back pain, left groin pain. On the physical examination, the left knee was tender at the patella facets, tender joint lines, and range of motion is 0 degrees to 130 degrees, with pain at the end range of flexion. McMurray's test was positive; Lachman's test was negative with a negative drawer. The lumbar spine had tender paraspinal muscles. The patient had a positive straight leg raise on the left and a diminished range of motion of the lumbar spine. An MRI of the lumbar spine with and without load-bearing dated December 12, 2012 showed early disc desiccation at L2-3 and L3-4 levels. There was Perineural cysts along S1 transiting nerve roots, bilaterally, at L5-S1 level within the spinal canal. L2-3; diffuse disc protrusion, more marked paracentrally, effacing the theca sac. There was bilateral neural foraminal narrowing that effaces the left and the right L2 exiting nerve roots. An MRI of the left knee dated December 06, 2012 showed subchondral cyst/posttraumatic in medial tibial condyle anteriorly.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) POST OPERATIVE PHYSICAL THERAPY FOR LEFT KNEE:

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: The California MTUS Postsurgical Rehab for the Knee, states that postsurgical therapy is 12 visits over 12 weeks per surgical medicine treatment. The California MTUS states controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term but not long-term benefit. In the short-term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The patient continues to complain of left knee pain on clinical note dated February 26, 2014. The patient complained that the pain level was 7/10. The patient is status post 7 months post-operative surgery. The documentation did not include therapy already taken, effectiveness of therapy. Documentation did not cover conservative failed treatments the patient has tried. There was not documentation of current medications or failed medications. The clinical notes lacked objective and subjective complete documentation for complaints related to the knee. Therefore, due to lack of documentation for the knee, the request is non-certified