

Case Number:	CM13-0040317		
Date Assigned:	12/20/2013	Date of Injury:	07/20/2011
Decision Date:	05/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopaedic Surgery 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:

This 44-year-old male pickup and delivery driver sustained an industrial injury on 7/25/11 pulling freight with a manual pallet jack with resultant low back and bilateral knee complaints. The 8/30/11 right knee MRI showed mild patellofemoral joint arthrosis with subtle lateral subluxation of the patella due to effusion/patellar retinacular imbalance, mild partial tear of the anterior cruciate ligament. The 1/24/12 left knee MRI reportedly showed multiple abnormalities, tears. He is status post right knee arthroscopy and lateral release surgery on 3/28/12. The patient was diagnosed with bilateral knee crystalline arthropathy, pseudo gout. He underwent left knee arthroscopy and lateral release on 8/13/13, and had completed 2 post-op physical therapy visits. The 9/24/13 utilization review modified the request for 18 post-op physical therapy visits to 9 visits, 3x3. There is no available documentation relative to the amount of post-op physical therapy provided or treatment response.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS, FOR TREATMENT OF THE LEFT KNEE: Upheld

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

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

Decision rationale: Under consideration is a request for post-operative physical therapy 3 times per week for 6 weeks, for the treatment of the left knee. The California Post-Surgical Treatment Guidelines for treatment of tear(s) of medial/lateral cartilage/meniscus recommend a general course of 12 visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 9/24/13 utilization review recommended partial certification of 9 post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for post-operative physical therapy 3 times per week for 6 weeks, for the treatment of the left knee is not medically necessary.