

Case Number:	CM13-0044476		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2013
Decision Date:	02/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 Geriatrics, and is licensed to practice in New York. 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:

The injured worker is a 37 year old man who sustained an injury to his right knee on 5/1/13. He is status post right knee arthroplasty with patella chondroplasty, tricompartmental synovectomy and medial/lateral meniscectomy on 9/18/13. He was seen in follow up on 9/26/13 by his surgeon, and was said to be improving and ambulating with a single crutch. His operative sites were healing well and sutures were removed. His range of motion was from 5-125 degrees of flexion. He had a trace effusion and moderate synovial thickening

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy three times a week for six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the Postsurgical Treatment Guidelines, 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 improvements, 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 guideline for arthroplasty and meniscus tears is 12 visits over 12 weeks. There are no physical therapy notes, only a postoperative clinic visit which indicates that the worker is ambulatory with a single crutch with right knee flexion from 5-125 degrees. The records do not support the medical necessity of physical therapy at a rate of three visits per week for six weeks. As such, the request is non-certified.