

Case Number:	CM13-0060980		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2012
Decision Date:	04/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation 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. 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 48 year old male who was injured on 10/25/2011. He fell off the ladder approximately 8 feet, injuring his left ankle, right knee, left knee, left hand, and lumbar spine. Diagnostic studies reviewed include MRI of right lower extremity joint without contrast performed 06/03/2013 revealed longitudinal horizontal tear of the body of the medial meniscus, violating the inferior surface, with mild peripheral extrusion of the meniscal body; chronic high grade complete/near complete tear of the midportion of the posterior cruciate ligament with scarring; chronic low to moderate grade sprain of the midportion of the anterior cruciate ligament; moderate to severe chondromalacia patella; and low grade chondral fissuring involving the central portion of the lateral femoral condyle, lateral tibial plateau and medial femoral condyle. Evaluation note dated 09/03/2013 documented objective findings on exam noted an antalgic gait; moderately antalgic gait with right limp. Neurological exam revealed light touch intact and within normal limits; patellar deep tendon reflexes 2+ bilaterally; Varus/Valgus right knee; negative drawer tests right knee; knee stability intact; Positive tenderness to palpation at the medial and lateral joint lines. Re-evaluation note dated 09/03/2013 indicated the patient was post-op right knee pain. The assessment was post-op right knee pain; decreased range of motion; decreased strength; decreased ambulatory function. Daily therapy note dated 10/08/2013 documented the patient to be slowly getting better. Objective findings on exam included increase in ambulatory function with very slight limp right knee. Daily therapy note dated 10/10/2013 documented the patient to be getting better. Objective findings on exam revealed increase of ambulation with lower extremity edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy for the right knee (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the medical records, the patient is status post right knee arthroscopy with partial medial meniscectomy. According to the CA MTUS post-surgical guidelines, up to 12 supervised therapy sessions over 12 weeks, are recommended following this type of surgery. The medical records do not establish the existence of significant residual functional deficits as to warrant additional post-operative therapy beyond what is supported by the evidence based guidelines. At this juncture, this patient should be adequately versed in a home exercise program with which he can utilize to address any residual deficits. The medical necessity for additional postoperative physical therapy for the right knee has not been established.