

Case Number:	CM13-0066883		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2013
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 with a diagnosis of medial compartment DJD, left knee. The patient was seen on 01/06/2014, with left medial knee pain. The physician noted the patient is getting a little bit of lateral pain which is causing his knee to sort of buckle; this has been present for about a week to a week and a half. The physician noted that his symptoms are frequent and moderately severe making it unable for him to tolerate walking much more than a half hour and difficult for him to exercise. On exam, the patient has trace effusion of the left knee. There is tenderness to the medial joint line; range of motion is full in extension to flexion of 140 degrees. There is no tenderness or laxity over the collateral ligaments, negative to anterior/poster drawer and Lachman's. On recommendation/plan, the patient is not responding to conservative treatment and after review of the MRI, it is the physician's opinion that the patient is not a candidate for anything other than a unicompartmental knee replacement. The physician did state that due to the patient's rather large body mass, they discussed and are aware of the complications. The physician has put in the request for authorization for unicompartmental knee replacement. The patient has had an MRI dated 09/09/2013 with the findings of a medial meniscus peripheralized mid body/posterior horn with inner edge superficial tears or degenerative fraying and posterior horn small superior articular surface tear, lateral meniscus mid body inner edge small oblique radial tear, marked medial tibiofemoral osteoarthritis with large areas of full thickness cartilage eburnation in the central weight bearing regions. Osteophytes also noted from the inner margin of both femoral condyles impinge upon the distal AC. No ACL tear is evident, but these osteophytes may affect ACL function. Small joint effusion also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Postoperative Physical Therapy Visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: The request for 16 postoperative physical therapy visits for the left knee is non-certified. From the documentation provided, the patient is a 47-year-old male with a diagnosis of medial compartment DJD, left knee. The appointment of 01/06/2014, the physician's recommendation is that he was requesting for authorization for a unicompartmental knee replacement. Also at this visit, the patient was having left medial knee pain which the physician noted as moderate to severe making it unable for him to tolerate walking more than a half hour to an hour and making it difficult for him to exercise. Also stated in this office note the patient is rapidly deteriorating in terms of his symptoms. The physician noted that the patient is not responding to conservative treatment and reviewing MRI there were significant degenerative changes medially making it such that he is a good candidate for nothing other than the unicompartmental knee replacement. Per the California Postsurgical Treatment Guidelines, under Arthritis (Arthropathy, Unspecified), Postsurgical Treatment Arthroplasty, Knee, it does recommend 24 visits over 10 weeks with postsurgical physical medicine treatment period noted as 4 months. The documentation provided did not give any information as far as postop appointments or clinical appointments with the physician. The reviewer did not receive any of that documentation to show how the patient has done postoperatively. Therefore, this reviewer cannot adequately assess the patient's needs for therapy. Therefore, the request for 16 postoperative physical therapy visits for the left knee is non-certified.