MAXIMUS Federal Services

Case Number:	CM14-0003780		
Date Assigned:	02/03/2014	Date of Injury:	08/08/2009
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old female with a date of injury 08/08/2009. Per [redacted] report 12/11/2013, the patient presents with persistent knee pain, status post knee surgery. The patient has had severe pain, has difficulty standing, walking, and increased low back pain. Motor function is 4/5 in the right leg with quadriceps atrophy. Listed diagnosis are status post right knee surgery, status post C. difficile toxin, cervical spine spasm, lumbar spine spasm, sciatica, lumbar radiculopathy, gastropathy, and right shoulder impingement syndrome. 12/09/2013 report is an [redacted] review of the medical records. The [redacted] mentions that there is an MRI from June of 2012 that showed medial meniscal tear, arthrofibrosis with recommended arthroscopic removal of the loose body, meniscectomy retinacular release. [redacted] did recommend knee arthroscopic surgery, but not lumbar epidural steroid injection or lumbar spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT KNEE , QUANTITY :12:00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREETMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Review of the reports show that the patient has had a number of physical therapy sessions, and 11 total numbers of sessions are counted, but the dates range from 10/29/2013 up to 01/28/2014. Therefore, most of these therapy notes were treatments received after the request was made. Prior to 12/31/2013, the Utilization Review date, only 5 therapy progress reports are present. For postoperative care following meniscectomy, 12 sessions of therapy are recommended per MTUS Guidelines. However for manipulation under anesthesia, 20 therapy sessions are recommended for postoperative care. Although the operative report is not available for this review to verify exactly what took place, given the description that lateral release, meniscectomy, and manipulation were performed on 09/26/2013, the current request for 12 sessions of physical therapy for postoperative care appears to be within MTUS Guidelines recommendations. The patient's course was also complicated by unexpected severe knee pain, C. difficile infection from course of antibiotics which likely have resulted in additional deconditioning. The request physical therapy is medically necessary.

RIGHT KNEE BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM Guidelines state that bracing can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefit may be more emotional than medical. Guidelines provide further discussion regarding knee bracing and recommends prefabricated knee bracing for not only ligament insufficiencies/deficiency, but meniscal cartilage repair. This patient has had meniscectomy and lateral release for which knee bracing is indicated.