

Case Number:	CM14-0004335		
Date Assigned:	02/05/2014	Date of Injury:	12/05/2012
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/11/2014

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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 42 year old male with a reported injury date of 12/5/12; the mechanism of injury was not provided for review. It was noted that the injured worker was status post right knee arthroscopy for chondromalacia patella and tricompartmental synovectomy on 6/3/13. The clinical note dated 2/21/14 noted that the injured worker had complaints that included 5/10 pain to the right knee and 6/10 pain to the low back with right lower extremity symptoms. Objective findings included tenderness to the right knee and spasms to the lumbar paraspinal muscles. Additional findings included range of motion of the right knee measured at 5 degrees of extension and 90 degrees of flexion. It was noted that the injured worker had received 18 sessions of physical therapy post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST OPERATIVE PHYSICAL THERAPY TO THE RIGHT KNEE 3 X PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY (PT),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES LOOSE BODY IN KNEE, CHONDROMALACIA OF PATELLA, 25

Decision rationale: It was noted that the injured worker was status post right knee arthroscopy for chondromalacia patella and tricompartmental synovectomy on 6/3/13. The clinical note dated 2/21/14 noted that the injured worker had complaints that included 5/10 pain to the right knee. Objective findings included tenderness to the right knee and range of motion of the right knee measured at 5 degrees of extension and 90 degrees of flexion. It was noted that the injured worker had previously underwent 18 sessions of physical therapy post-operatively. The California MTUS guidelines recommend physical therapy post-operatively for a total of 12 visits. The guidelines also state that the post-operative treatment period is 4 months. The documentation provided noted that the injured worker had already received 18 sessions of physical therapy which already exceeds the recommended number of treatments. Additionally, the injured worker is no longer considered in the post-operative phase. Due to these facts, the request is not medically necessary.

OUTPATIENT POST OPERATIVE PHYSICAL THERAPY TO THE LUMBAR 3 X PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY (PT),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES , INTERVERTEBRAL DISC DISORDERS WITHOUT MYELOPATHY, 25

Decision rationale: It was noted that the injured worker was status post right knee arthroscopy for chondromalacia patella and tricompartmental synovectomy on 6/3/13. The clinical note dated 2/21/14 noted that the injured worker had complaints that included 5-6/10 pain to the low back with right lower extremity symptoms. Objective findings included tenderness to lumbar paraspinal muscles. It was noted that the injured worker had received 18 sessions of physical therapy post-operatively. The California MTUS guidelines recommend physical therapy post-operatively for the low back for a total of 16 visits. The guidelines also state that the post-operative treatment period is 6 months. There is a lack of evidence that post-operative physical therapy for the lumbar spine can be recommended as there was no documentation provided that showed the injured worker had lumbar surgery. As such, the request is not medically necessary.