

Case Number:	CM14-0004790		
Date Assigned:	01/24/2014	Date of Injury:	08/29/2005
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Management, 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:

The patient has submitted a claim for left knee pain associated with an industrial injury date of August 29, 2005. The treatment to date has included left knee chondroplasty with partial lateral meniscectomy (8/29/05), lidocaine injection (9/4/12), and Synvisc injection (9/4/12). The list of medications used by the patient was not documented in the clinical records submitted. The medical records from 2012-2013 were reviewed, the latest of which dated October 23, 2013 which revealed that the patient complains of left knee pain at the patellar area. On physical examination, there is swelling noted. There is limitation in range of motion on flexion. A Utilization review from December 18, 2013 denied the request for post-operative physical therapy to the left knee two times per week for six weeks because the surgical procedure is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY TO THE LEFT KNEE TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated on the Post-Surgical Treatment Guidelines, functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. For patients post knee meniscectomy, postsurgical physical medicine is recommended for 12 visits over 12 weeks for treatment period of 6 months. For patients post knee arthroplasty, postsurgical physical medicine is recommended for 24 visits over 10 weeks for treatment period of 4 months. In this case, the patient was prescribed physical therapy after surgery. However, the only surgery documented was noted in the progress report dated 10/25/13 was the left knee chondroplasty with partial lateral meniscectomy done last 8/29/05. In the same progress report, total knee arthroplasty was recommended; however, the clinical records do not document if the surgery has been executed to date. Therefore, the request for post-operative physical therapy to the left knee two times per week for six weeks for left knee is not medically necessary.