

Case Number:	CM14-0102646		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2013
Decision Date:	12/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopedic Surgery 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 is a 47-year-old male with an 11/26/13 date of injury, when he twisted his left knee while carrying a soup container. The patient underwent right knee surgery in the past. The patient was seen on 6/4/14 with complaints of constant dull and achy left knee pain. Exam findings of the left knee revealed tenderness to palpation over the medial joint line, medial femoral condyle and medial tibia. The active flexion was 130 degrees and extension was 0 degrees. The sensation was intact through all dermatomes and the muscle strength was 5/5 in all muscle groups in the left lower extremity. The McMurray's test was positive in the left knee and patellar exams were negative. The note stated that the patient tried conservative treatment in the past, which involved medications, rest, and therapy, home exercise program and that arthroscopy for the left knee was requested. The diagnosis is tear of the medial collateral ligament and medial meniscus of the left knee and left knee pain. An MRI of the left knee dated 12/19/13 revealed partial tear involving the mid medial collateral ligament; intrasubstance degeneration involving the medial meniscus with suspicion of a superimposed non-displaced tear involving the body; severe cartilage loss along the patella and a small joint effusion. Treatment to date: work restrictions, knee brace and medications. An adverse determination was received on 6/20/14 given that the request exceeded recommended number of physical therapy sessions for an initial course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy times 12 visits Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical Rehabilitation, Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The Guidelines recommend 12 visits over 12 weeks of PT after Postsurgical treatment: (Meniscectomy) for Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella. The progress note dated 6/4/14 indicated the request for arthroscopic surgery for the left knee was requested; however there is a lack of documentation indicating that the surgery was approved. Therefore, the request for Post-operative physical therapy times 12 visits Left Knee was not medically necessary.