

Case Number:	CM14-0014160		
Date Assigned:	06/04/2014	Date of Injury:	05/20/2013
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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:

Patient is a 46-year-old female who has submitted a claim for left knee weakness and pain, left knee contracture specifically loss of flexion, s/p left knee arthroscopy and chondroplasty associated with an industrial injury date of May 20, 2013. Medical records from 2013-2014 were reviewed which revealed persistent pain on her left knee. She still has difficulty walking, squatting and standing of more than 15-20 minutes. She still can't fully bend her left knee. Physical examination showed antalgic gait. Left lower extremity was limping. Mild soft tissue swelling was noted on her left knee. Range of motion of left knee was 5 degrees of extension and 70 degrees of flexion. Manual muscle test of left lower extremity was 4/5. No provocative tests were done due to recent surgery. MRI of the left knee done on 12/17/13 showed no significant marrow signal abnormalities or fractures. Tear in the posterior horn of the medial meniscus was seen extending to the inferior articular surface. Tendinosis versus partial thickness tear in the posterior cruciate ligament was noted. Full thickness tear was not seen. Mild chondromalacia patella as well as of the femoral triangle in the medial compartment was seen. Lobulated baker's cyst extending deep and superficial to the medial head of gastrocnemius was noted. Treatment to date has included, left knee arthroscopy and chondroplasty done on November 13, 2013 and 20 sessions of post surgical physical therapy. Utilization review from January 18, 2014 modified the request of 12 post- op physical therapy to 2 post-op physical therapy sessions because patient continued to walk with antalgic gait. Additional visits seem reasonable to re-address the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OP PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines for knee meniscectomy recommend physical therapy for 12 visits over 12 weeks. In this case, the patient had 20 visits of physical therapy postoperatively since December 19, 2013 to April 3, 2014. Progress report, dated February 18, 2014, mentioned that patient noted improvement. She gained increase in range of motion along her left knee as well as improvement in strength. However, patient is taking longer to show continuous progress due to persistent swelling of her left knee. Medical report dated April 3, 2014 mentioned that she is at risk to develop knee problems if she will not continue to have physical therapy. Limited range of motion and weakness of the left knee were still evident. Medical necessity of the requested treatment was established. However, the request failed to specify the body part to be treated. Therefore, the request for twelve post-OP physical therapy visits is not medically necessary.