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| Case Number: | CM14-0017208 | | |
| Date Assigned: | 05/05/2014 | Date of Injury: | 05/05/2010 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 37-year-old male sustained an industrial injury on 5/5/10, when he slipped jumping off a crane. The patient underwent right knee anterior cruciate ligament reconstruction, medial/lateral meniscectomy, microfracture, and chondroplasty on 7/2/10, right knee arthroscopy with meniscectomy, chondroplasty, removal of hardware, and open excision of the tibial tunnel on 9/10/12, and right knee anterior cruciate ligament redo/reconstruction and chondroplasty on 9/24/13. The 12/16/13 treating physician report stated that patient had completed the 8 approved physical therapy visits for the right knee and 8 additional visits were requested. The 12/30/13 treating physician report indicated that the patient had received three right knee Supartz injections that did not help. Functional difficulty was documented with prolonged standing. Left leg intermittent numbness was reported with prolonged sitting. Right knee exam documented range of motion 0-100 degrees, 5/5 strength, symmetrical carpal tunnel release, and right knee pain with straight leg raise. The patient ambulates independently without assistive device with a tendency to externally rotate the right leg with an antalgic gait. The 1/2/14 utilization review denied the request for additional physical therapy to the right knee as there was no documentation of objective clinical improvement that would warrant additional physical therapy. The 1/3/14 right knee x-ray impression documented status post anterior cruciate ligament reconstruction and stable moderate osteoarthritis. The 1/3/14 treating physician letter stated that the patient continued to have a lot of pain along the medial joint line and kneecap, and pain with a feeling of subluxation. The patient needs a knee replacement long term but needs to live with it as long as possible. He should have at least another 6 to 8 weeks of rehab for his knee to try and build up his strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical period. The current request for right knee physical therapy is reported in the treating physician report as a request for 8 visits. This injured worker is 37 years old with significant osteoarthritis, attempting to delay a total knee replacement. Continued functional difficulty is reported in weight bearing activities. Aberrant gait is documented. The treating physician has opined the need to maximize strength. Records indicate that the injured worker has completed 8 post-operative visits to date. The injured worker is within the post-surgical treatment period. The request for 8 additional visits is consistent with guideline recommendations for the general course of treatment. Therefore, this request for physical therapy to the right knee is medically necessary.