

Case Number:	CM14-0112536		
Date Assigned:	08/01/2014	Date of Injury:	07/11/2013
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker originally sustained an industrial injury on July 11, 2013. The mechanism of injury occurred when the patient was moving joints and machines out-of-the-way room, and the repetitive cleaning, bending, pushing, lifting, and twisting resulted in low back pain and knee pain. The patient had left knee surgery on April 10, 2014 which involved arthroscopic partial medial meniscectomy, partial synovectomy, and debridement. 12 physical therapy sessions were requested and a physical therapy note on date of service May 21st, 2014 documented decrease pain and minimal swelling. A utilization review determination denied the request for additional post-operative physical therapy since the end to US guidelines specify for 12 visits over 12 weeks for postoperative physical therapy in the case of meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, QTY: 6.00 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Code of Regulations on pages 24-25 specifies the following regarding post-operative physical therapy for the knee "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) 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. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella. Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks*Post-surgical physical medicine treatment period: 6 months"According to a progress note on date of service July 25, 2014, the patient does not have modified work available. There is subjectively improvement in the left knee with an increase strength that some difficulty with squatting. The treatment plan specifies that the patient should continue physical therapy and home exercise program. The notes indicate that the patient has already had 12 postoperative physical therapy sessions. There is no documentation of failure of a home exercise program to warrant additional physical therapy at this time. This request for an additional 6 sessions of post-operative physical therapy is not medically necessary.