MAXIMUS Federal Services

Case Number:	CM14-0116339		
Date Assigned:	08/04/2014	Date of Injury:	06/13/2011
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 is a 36-year-old male who reported an injury on 06/13/2011. The mechanism of injury was noted to be a fall from a ladder. His diagnosis was noted to be derangement post horn medial meniscus, left knee. Prior treatments include medications, ibuprofen, naproxen, Norco and tramadol. He was also noted to have injections. Prior surgery was noted to be arthroscopic surgery to the left knee. An orthopedic examination on 08/04/2014 notes the injured worker with chief complaint of left knee discomfort. He reports he is doing better. In addition, he notes he is able to walk more without discomfort. However, he still had difficulty kneeling and squatting. He had no catching or locking sensations. Pain was well localized to the knee without any radiating symptoms. He indicated the pain was mild to moderate and sometimes dull and occasionally sharp. The injured worker had completed 24 sessions of physical therapy. Upon inspection of the left knee it is noted that he had an antalgic gait. There was mild tenderness surrounding the lateral portal. Range of motion was within normal limits. In regard to functional testing, the injured worker had no pain with range of motion. Negative patella grind test and negative McMurray testing was noted. Stability testing revealed stable to anterior and posterior drawer, Lachman's testing as well as to valgus and varus stress tests. Strength was 5/5 and normal muscle tone. There was a neurologic examination noted to be intact. The treatment plan included home exercise program and use of anti-inflammatory medications. In addition, the injured worker was cleared for episodes of jogging type exercises. The injured worker was to return to work with modified duties, including a limit with lifting and pushing and pulling, in addition, no kneeling or squatting. The rationale for the request was not provided within the physician's progress report.

A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Posst - OP Physical Therapy visits 3x4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine,Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional Post-operative Physical Therapy visits 3 times 4 left knee is not medically necessary. The California MTUS post-surgical treatment guidelines dislocation of the knee; tear of medial/lateral cartilage/meniscus of the knee; meniscectomy allows for 12 visits of physical therapy over 12 weeks. The post-surgical physical medicine treatment period is 6 months. Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The injured worker has completed 24 postoperative physical therapy visits. The guidelines recommend home exercise program and home exercise was within the treatment plan of the physician's progress report dated 08/04/2014. The evaluation noted normal range of motion; pain was noted to be controlled with anti-inflammatory medications. As such the request for additional Postoperative Physical Therapy visits 3 times 4 left knee is not medically necessary.