

Case Number:	CM14-0118490		
Date Assigned:	08/06/2014	Date of Injury:	05/16/2012
Decision Date:	12/31/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 is a 50-year-old male with an original date of injury of May 16, 2012. The industrial diagnoses include chronic knee pain, lateral meniscal tear, chondromalacia, and parameniscal cyst. The patient underwent right knee arthroscopic synovectomy of multiple compartments with chondroplasty on February 3, 2014. The disputed issue is a request for an additional 12 sessions of physical therapy. A utilization review determination had denied this request. The utilization reviewer cited guidelines which specify for a total of 12 postoperative physical therapy sessions for this particular condition. The reviewer asserted that the claimant has participated in at least 22 sessions of physical therapy, and the request was not medically necessary due to the total number of sessions exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section, Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Code of Regulations on pages 24-25 specify 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). Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks. *Postsurgical physical medicine treatment period: 4 months." In the case of this injured worker, the guidelines recommend a total of 12 sessions of postoperative physical therapy. The patient had orthopedic postoperative follow-up on February 14, 2014 with the anticipated plan of participating in physical therapy twice a week for four weeks. This physical therapy was then renewed at the next follow-up visit on April 2, 2014. A physical therapy note from date of service June 5, 2014 indicates that the injured worker has had 24 visits cumulatively of physical therapy. At this juncture, the patient should be transitioned to self-directed home exercises, therefore, the additional Physical Therapy are not medically necessary.