

Case Number:	CM14-0131491		
Date Assigned:	09/08/2014	Date of Injury:	10/01/2010
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 58-year-old male who sustained a vocational injury on 10/01/10. The medical records provided for review document that the claimant underwent right knee diagnostic arthroscopy, partial medial meniscectomy, and synovectomy involving the medial and lateral compartments on 05/02/14. The office note dated 07/08/14 documented the diagnosis of status post bilateral knee arthroscopies with partial meniscectomies. Physical examination of the right knee showed zero to 125 degrees range of motion and weakness over the quad muscle with a negative medial McMurray's sign. Physical examination of the left knee showed range of motion zero to 125 degrees and no medial joint line tenderness. The recommendation was to continue physical therapy. The physical therapy note dated 07/22/14 noted that the claimant initially presented on 06/19/14 and complained of 7 out of 10 pain of the right knee at that time, 5 out of 10 pain at its best, and 9 out of 10 pain at its worst. Those pain ratings were unchanged as of the 07/22/14 therapy report. The claimant still complained of 9 out of 10 pain to his lumbar spine, left knee, and both wrists. The claimant also reported increasing pain to the left knee and requested physical therapy for the left knee. On a 06/19/14 physical therapy visit there was moderate to severe limitation with functional activities to include walking, recreational exercise, sitting and standing. There were no change in those limitations and they continued to be moderate to severe with the same functional activities. Range of motion was only minimally improved as was strength from a 06/19/14 physical therapy visit to the 07/22/14 office visit. There continued to be tenderness and mild swelling of the right knee joint line and patellar tendon. The patient continued to complain of severe pain to both knees, low back, and both wrists and reports increasing pain to the left knee. The claimant had mild improvement in right knee active range of motion and strength and was noted that it would benefit from continuation of physical therapy visits. The exact quantity of physical therapy to date following the right knee arthroscopy is not

noted in the documentation presented for review. This request is for additional postoperative physical therapy two times a week for four weeks for a total of eight visits to the right knee.

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 2 times a week for 4 weeks for the right knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitation Guidelines recommend re-evaluation following continuation of therapy when necessary no later than every 40-5 days and the last evaluation to document functional improvement to continue physical therapy treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence and management of symptoms with achievement of functional goals. With documentation of functional improvement, the subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. California MTUS Postsurgical Rehabilitation Guidelines support 12 visits over 12 weeks for a period of up to six months following surgery for meniscectomy. Documentation suggests the claimant has had little if any significant functional improvement with the previous sessions of physical therapy. There is a lack of documentation the claimant is actively participating in a home exercise program as well as a lack of documentation noting barriers in place that would prevent the claimant from participating in a home exercise program. Due to the fact that the claimant has made little functional improvement with previous sessions of physical therapy and the exact quantity of physical therapy to date not quantified in the documentation presented for review, the request for additional physical therapy for the right knee cannot be considered medically necessary.