MAXIMUS Federal Services

Case Number:	CM14-0133873		
Date Assigned:	08/25/2014	Date of Injury:	04/22/2011
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
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 Occupational 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:

This is a 51 year-old man with a date of injury on 4/22/11. Mechanism of injury is not noted. There is injury to the right knee and he has had right knee surgeries on 3/9/12 and 2/21/14. The 2/21/14 operative report indicates the procedures done were a diagnostic arthroscopy with a revision of a partial medial meniscectomy and extensive 3 compartment synovecctomy/debridement of scar tissue. He is currently being followed postoperatively. Additional physical therapy is being requested times 12. This request was made in a report of 7/9/14 from the orthopedist. That report mentions patient is scheduled to undergo ultrasound guided injections for the right knee on 7/28/14 to give him relief of symptoms. The subjective complaints are residual aching and stiffness but the patient has noticed slow and steady progress. On exam he had range of motion 0-125 , strength 4/5, positive patellofemoral crepitance and positive grind with tenderness to the medial compartment and patellofemoral compartment. Diagnoses are right knee patellofemoral chondromalacia grade 3, central trochlear chondromalacia with medial compartment osteoarthrosis. Status post previous arthroscopy 3/9/12 and revision right knee arthroscopy 2/21/14. Treatment recommendations were to proceed with the injections of the right knee (no specific injectate noted). Additional physical therapy, 12 sessions for the continued deficits and strength are also requested. There was a 5/28/14 report from the orthopedist with little to no change in subjective complaints or objective findings. A 8/16/14 reports objective findings of range of motion 0-115 and strength 3/5. The 7/20/14 utilization review determination stated that there have been 24 postoperative physical therapy sessions post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Pt 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Following this type of surgery, MTUS guidelines support about 12 sessions over 12 weeks with a four-month postsurgical physical medicine treatment period of 4 months. The information is that this patient has already had 24, twice that amount. In the month prior to the request for additional physical therapy, there was no documentation of any change in the objective findings and that the patient had possibly plateaued. Additional physical therapy is requested for strengthening but there is no documentation of why this patient cannot continue with an independent home rehab program for strengthening, not requiring the services of a licensed physical therapist. Thus, based upon the evidence and the guidelines, the additional requested physical therapy is not considered to be medically necessary.