

Case Number:	CM14-0137471		
Date Assigned:	09/05/2014	Date of Injury:	11/12/2011
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

According to the provided documents, this is a 74-year-old man injured on 11/12/11 when he fell. Initially the injured worker had conservative treatment with physical therapy, viscosupplementation injections in the left knee, and medications. He underwent a left knee arthroscopy on 5/15/14, with a partial medial meniscectomy and chondroplasty. He was seen in follow-up on 5/22/14 at that time it was recommended that he proceed with physical therapy 3 times a week for 4 weeks. Diagnosis for the requesting 7/29/14 report is left knee chondromalacia and 2 months status post left knee surgery. At that time the patient's left knee pain was rated as 9/10 with weakness, numbness, grinding and swelling in knee. He was doing stretching and walking exercises and was not working. On examination there was strength 4/5, range of motion was limited to flexion is 40 with normal 150. Extension was normal at 0. Patient was given naproxen, a topical analgesic gel, and an additional PT 3 times a week for 4 weeks was requested. He remained off of work. There is no discussion regarding why the patient continues to have significant pain and reduced flexion. Specific goals of additional physical therapy were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PO Physical Therapy on the left knee 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: For this type of surgery, MTUS guidelines support up to 12 visits over 4 weeks. That amount was ordered one week postoperatively. At the time of this request apparently the patient had completed this, but there is no documentation of the functional benefit in terms of improvement in activities of daily living or a reduction in dependence on medical treatment. Patient's range of motion remains significantly limited with only 40 of flexion and pain levels are quite high. There clearly has not been any benefit from the physical therapy and MTUS guidelines do not support continued therapy given this clinical presentation. Therefore based on the evidence and the guidelines, this is not medically necessary.