

Case Number:	CM14-0142528		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2013
Decision Date:	10/13/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 41-year-old with a reported date of injury of 08/16/2013 that occurred after a fall unto both knees. The patient has the diagnoses of bursitis, meniscus derangement, hypertension and anemia. Past treatment modalities have included physical therapy, aquatic therapy and left knee injection. Per the progress notes by the primary treating physician dated 07/25/2014, the patient had complaints of left hip pain. The physical exam noted tenderness in the left knee on the medial joint line, stable on valgus stress with pain and positive McMurray test. Treatment recommendations included surgical intervention. On 08/04/2014, the patient underwent left knee partial lateral meniscectomy and location synovectomy without complication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy to the Left Knee x 12 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines knee Page(s): 24-25.

Decision rationale: 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 The patient has the diagnoses of derangement of the meniscus. The patient underwent left knee partial meniscectomy. The recommended post surgical physical therapy is 12 visits over 12 weeks. The request meets recommendation guidelines and thus is necessary.