

Case Number:	CM14-0150600		
Date Assigned:	09/18/2014	Date of Injury:	04/13/2009
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Med & Rehab 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 54 year-old male who sustained injuries on April 13, 2009. The injured worker was seen by the treating physician on April 21, 2014 with residual pain in his left knee. A physical examination of the left knee revealed trace effusion, one centimeter quadriceps atrophy, medial and lateral patella facet tenderness, medial joint line tenderness, positive medial McMurray test, and motor weakness of the quadriceps. On May 2, 2014, preoperative medical evaluation and risk stratification was done. Laboratory studies and chest x-ray were normal; however electrocardiogram revealed left axis deviation. Internal medicine evaluation done on May 16, 2014 cleared him to proceed with surgery. On May 27, 2014, the injured worker underwent diagnostic and operative arthroscopy of the left knee with partial medial and lateral meniscectomy, extensive synovectomy, chondroplasty, and removal of chondral and osteochondral loose bodies. The injured worker was reevaluated on June 2, 2014. He had improved and diminished pain in his left knee. Physical examination revealed intact motor and sensation with no calf tenderness and negative for Homan's sign. He returned on July 7, 2014 and reported markedly improved with decreased pain in his left knee. On examination, moderate residual quadriceps atrophy and weakness was noted. The injured worker was examined by another treating physician on August 18, 2014 and complained that he can only lift, push, and pull very lightweight objects. Moreover, he can only walk short distances and performed light activity for at least two minutes. He also noted that he can only sit for less than 15 minutes and stand and walk for 15 to 30 minutes at a time. He also cannot climb one flight of stairs, kneel, bend or squat. He noted that his sleep was greatly disturbed and he had major change in his sexual function. He specified that his pain was currently severe with average pain level of 8/10. He cannot travel or engage in social or recreational activities and his pain sometimes interfered with his concentration and thinking. He had moderate depression and anxiety. There were no

objective findings regarding the left knee. A therapy note dated August 1, 2014 for twelfth session, showed improved ranges of motion of the left knee from 101 to 121 degrees of flexion and from negative three to zero degree of extension. He also had improved strength with left knee extension from negative three to three as well as increased tolerance to activities of daily living as noted by ability to squat and knee and walk up and down the stairs. The injured worker reported 90 percent overall improvements but still had difficulty sleeping and inability to perform full deep squat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconsideration- Physical Therapy (Left Knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), postsurgical treatment for meniscectomy is limited to 12 visits over 12 weeks. Since the injured worker has had adequate treatment of 12 sessions and had gained optimal response with exhaustion of postsurgical physical medicine treatment, he is therefore expected to transition to independent home exercises. Moreover, the progress report of the treating physician dated August 18, 2014 did not show any abnormal objective findings regarding the left knee to necessitate continued treatment. Although therapy note dated August 1, 2014 documented some limitation, there was however no indication at this point why the injured worker cannot continue self-directed exercises on his own. Therefore, this request is considered not medically necessary for the patient at this time.