

Case Number:	CM14-0154206		
Date Assigned:	09/23/2014	Date of Injury:	07/02/2013
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 claimant is a 52-year-old gentleman who was injured in a work related accident on 07/02/13. The medical records provided for review documented that following a course of conservative care the claimant underwent left knee arthroscopy with partial medial and lateral meniscectomy and debridement on 09/27/13. Following the procedure, the claimant was treated conservatively until 04/22/14 when the claimant had left knee arthrotomy with Arthroscopic procedure for a chondral defect. The follow up clinical report of 08/15/14 documented that the claimant has attended 20 postoperative sessions of physical therapy and that pain persists with standing. Physical examination showed atrophy to the quadriceps; zero to 125 degrees range of motion passively, an abnormal gait pattern, but no erythema. There was no documentation of postoperative imaging for review. This review is for 12 additional sessions of physical therapy for the claimant's left 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 (PT) for left lower extremity QTY: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for 12 additional sessions of postoperative physical therapy cannot be supported. The Postsurgical Guidelines recommend 12 physical therapy sessions over 12 weeks during a treatment period of 4 months following this type of surgery. The medical records confirm that the claimant is greater than four months following time of the Arthroscopic procedure to the knee and has already undergone 20 sessions of physical therapy. While it is documented that the claimant still has weakness, he has regained nearly all range of motion to the knee. It would be unclear as to why continuation of a home exercise program focusing on strengthening to the quadriceps and lower extremity musculature would not be more appropriate. The claimant has exceeded the standard physical therapy guideline criteria and there is no documentation to explain why he would be an exception to the guideline. Therefore, the request for additional physical therapy is not recommended as medically necessary