

Case Number:	CM14-0163372		
Date Assigned:	10/08/2014	Date of Injury:	04/11/2009
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

This 63-year-old male sustained an industrial injury on 4/11/09. Injury occurred relative to cumulative trauma with complaints of right knee, neck and shoulder pain. Past medical history was positive for hypertension. The 8/10/13 right knee MRI impression documented an undersurface tear of the posterior horn of the medial meniscus, medial and lateral tibiofemoral osteoarthritis, and degenerative anterior cruciate enthesopathy. The patient underwent left shoulder arthroscopic with subacromial decompression, debridement and distal clavicle resection on 2/18/14. Records indicated that the patient was attending physical therapy for the right shoulder through 6/26/14. The 9/5/14 initial orthopedic report cited constant right knee pain with frequent giving way and locking particularly with going up or down stairs. He had a tendency to fall. Right knee exam documented diffuse tenderness underneath the patella and over the medial, lateral, and posteromedial joint line. Quadriceps atrophy was rated 1+ with 4/5 strength. Range of motion was 0-120 degrees with pain beyond 110 degrees of flexion. Patellofemoral crepitation was present during right knee range of motion. McMurray's and Apley's tests were positive. There was no evidence of medial or lateral right knee instability. Patellar tracking was within normal limits. The diagnosis was right knee internal derangement, medial meniscus tear, and degenerative arthritis. The treatment plan recommended right knee arthroscopic surgery followed by physical therapy 3 times per week for at least 4 to 6 weeks. The 9/22/14 utilization review denied the request for 18 visits of physical therapy as this amount exceeded guideline recommendations of 12 visits and the associated surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23-24.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This represents the initial request for post-operative physical therapy following arthroscopic knee surgery. There is no evidence that the knee surgery has been found medically necessary. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations if the surgery is approved. However, this request is for post-op therapy exceeds both initial treatment and general course recommendations. Therefore, this request is not medically necessary.