

Case Number:	CM14-0164754		
Date Assigned:	10/09/2014	Date of Injury:	04/04/2011
Decision Date:	11/12/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 a 59-year-old male with a date of injury of 4/4/2011. Injury occurred while he was employed as a feeder driver. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopic surgeries in 1992, 2004, and on 4/4/11. The injured worker underwent right total knee replacement with computer navigation on 1/10/14. He attended 24 sessions of post-op physical therapy. The 729/14 orthopedic report cited grade 1/10 right knee pain. The injured worker was walking 50 minutes a day and was off all assistive devices, he tried playing golf, and had difficulty walking hills. He had not yet returned to work. A physical exam documented well healed right knee incision with painless range of motion from 0-130 degrees. He had an even gait and was neurovascularly intact. The treatment plan recommended continued conditioning and endurance. The 8/14/14 physical therapy evaluation cited minimal pain with walking on level ground. His main complaint was severe lateral knee pain and with full knee flexion and instability going downhill or stairs. He was able to squat to lift objects. Current problem list included myofascial restrictions to the posterior hip/lateral knee, flexibility deficits in the hip especially in external rotation, mild patellofemoral joint restriction, lower extremity weakness, impaired joint integrity at the tibiofemoral joint anterior/posterior, and gait dysfunction. Functional limitations were noted in walking on uneven surfaces, descending stairs, walking downhill, and working as a truck driver. Physical exam documented full knee flexion, excessive crepitus with tibial translation, and positive anterior drawer test. The treatment plan recommended physical therapy 2x4. A request was submitted for manipulation under anesthesia of the right knee, 12 post-op physical therapy visits, cold compression unit, cane, and continuous passive motion machine. The 9/27/14 utilization review denied the request for 12 post-op physical therapy visits for the right knee as the associated manipulation under anesthesia was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy for the knee x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California Post-Surgical Treatment Guidelines for knee manipulation under anesthesia suggest a general course of 20 post-operative visits over 4 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 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. Post-operative physical therapy for this injured worker would be reasonable within the Medical Treatment Utilization Schedule (MTUS) recommendations if surgery is found to be medically necessary. The manipulation has not been determined to be medically necessary. This request exceeds guideline recommendations for initial treatment. Therefore, this request is not medically necessary.