

Case Number:	CM14-0169380		
Date Assigned:	10/17/2014	Date of Injury:	04/19/2013
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 45-year-old male who reported injury on 04/19/2013 due to being side swiped by another vehicle while on his patrol motorcycle. The injured worker has diagnoses of status post ORIF of the right wrist, status post labral repair of the right hip, right wrist surgery, intra-articular fracture of the tibial eminence of the right knee with grade 2 and grade 4 patellofemoral Chondromalacia and recent physical intervention. Past medical treatment consist of trigger point injections, physical therapy and medication therapy. On 02/26/2014, the injured worker complained of right knee pain. Physical examinations revealed range of motion was 0 to 120, pain in the medial and lateral aspect as well as positive patellofemoral crepitation, positive patellofemoral grind, pain with deep squat and positive McMurray's. Strength was 4-/5 with extension and 4+/5 with flexion. Medical treatment plan was for the injured worker to continue with additional postop physical therapy 2 times per week for 6 weeks for a total of 12 sessions. The rationale and Request for Authorization form was submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate Surgical Service: Additional Right Knee Post-Op Pt 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee, Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of pat.

Decision rationale: The request for Associate Surgical Service: Additional Right Knee Post-Op Pt 2x6 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks *postsurgical physical medicine treatment period: 6 months. There was a lack of documentation regarding the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that have already been completed to date were not submitted for review. Pertinent objective findings regarding the injured worker's knee were not provided. There was a lack of documentation to evaluate the functional deficits requiring therapy. There were no specific barriers to transitioning the injured worker to an independent home exercise program. In addition, the request as submitted is for an additional 12 sessions of physical therapy, exceeding recommended guidelines. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.