

Case Number:	CM14-0169660		
Date Assigned:	10/17/2014	Date of Injury:	12/16/2013
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
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 Orthopaedic 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 60-year-old male sustained an industrial injury on 12/16/13. The mechanism of injury was not documented. The patient underwent left knee arthroscopy with synovectomy, extensive debridement and chondroplasty, and medial meniscectomy on 6/12/14. He attended 18 post-op physical therapy visits as of 8/25/14. Physical therapy notes indicated increased strength and range of motion with plateau as of 8/11/14. The 9/8/14 treating physician report cited constant grade 6-8/10 left knee pain, with numbness at the anterior aspect of the entire left leg. He reported fever, chills, and swelling. He was full weight bearing. He denied calf tenderness or nausea/vomiting. He was performing home exercises and not attending therapy. Physical exam documented intact motor and sensory exams with normal pulses. The wound was healing with incision noted as clean and dry. Active range of motion was painful and 0-110 degrees. Mild effusion was noted. Aspiration of the left knee was performed with 20 ml of serous aspirant. Corticosteroid injection was performed. The treatment plan included ice, discontinuation of Norco, and continued physical therapy 2x3. The patient was to remain off work. The 9/22/14 utilization review denied the request for additional post-op physical therapy as there was no documentation of specific objective functional deficits or goals with respect to activities of daily living or work-related activity to substantiate the necessity of additional supervised therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/week x 3 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg (Acute and Chronic)

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. 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 patient attended post-op physical therapy for 18 visits with documentation of functional range of motion and improved lower extremity strength. There is no documentation of a specific functional deficit or functional treatment goal for physical therapy. There is no compelling reason to support the medical necessity of supervised therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.