

Case Number:	CM14-0172190		
Date Assigned:	10/23/2014	Date of Injury:	12/02/2013
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 Montana. 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 47 year old male [REDACTED] who sustained an injury to the right knee during a training exercise on 12/2/2013. He was diagnosed with chondromalacia patella and demonstrates patellofemoral malalignment with lateral patellar tilt on plain films of the knee. There is persistent anterior knee pain and patellofemoral crepitus with range of motion (ROM). A magnetic resonance imaging (MRI) of the right knee on 1/7/14 demonstrated no evidence of a meniscal tear, but there was a low grade sprain of the anterior cruciate ligament (ACL). The injured worker remains symptomatic despite a course of physical therapy (PT), activity modification, bracing and medications including non-steroidal anti-inflammatory drugs (NSAIDs). A right knee arthroscopic lateral release has been recommended. Postoperatively, 12 sessions of physical therapy (PT) 3 x 4 and the use of a continuous passive motion (CPM) unit for 7 days has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post operative physical therapy 3 times a week for 4 weeks, QTY: 12 session: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg, and ODG, Physical Therapy (PT).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address postoperative physical therapy. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend up to 12 physical therapy (PT) visits over 12 weeks following surgery to address chondromalacia patella. Under the initial course of treatment recommendations of the Medical Treatment Utilization Schedule (MTUS) guidelines, half of the total recommended physical therapy (PT) sessions would be considered as the initial course of treatment. If the injured worker demonstrates a positive response to the initial course of treatment, then the additional sessions would be considered for certification. The initial course of treatment would be 6 visits and these 6 visits are, therefore, recommended for certification at this time. However, since the entire request cannot be recommended the request for 12 visits is not medically necessary and appropriate.

Associated surgical service: CPM (Continuous Passive Motion) device with pad kit, QTY: 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Knee Chapter, Criteria for the use of Continuous Passive Motion Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous Passive Motion (CPM).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address the use of postoperative continuous passive motion (CPM). The Official Disability Guidelines recommend continuous passive motion (CPM) following knee procedures for the following indications: For home use, up to 17 days after surgery while injured workers at risk of a stiff knee are immobile or unable to bear weight:(1)Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include injured workers with:(a) complex regional pain syndrome;(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy. (2)Revision total knee arthroplasty (TKA) would be a better indication than primary total knee arthroplasty (TKA), but either okay if #1 applies. There is no documentation of anticipation of low mobility postoperatively or inability to comply with the postoperative rehabilitation protocol, complex regional pain syndrome (CRPS), or arthrofibrosis. As the injured worker does not meet the criteria for postoperative continuous passive motion (CPM) is not medically necessary and appropriate.

