

Case Number:	CM14-0020530		
Date Assigned:	05/07/2014	Date of Injury:	02/07/2013
Decision Date:	07/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine, 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:

The patient is a 38-year-old male who has submitted a claim for left knee medial and lateral meniscal tears with underlying articular cartilage damage status post left knee arthroscopic surgery and right knee osteoarthritis, associated with an industrial injury date of February 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain. Physical examination showed that the right knee had trace effusion. There was no evidence of atrophy and there was good quadriceps tone. Range of motion of the knee was 0-135 degrees. There was anteromedial joint line tenderness. McMurray's test, Patella Ballotement Test, Lachman's test, Pivot Shift Exam and Posterior Drawer's Exam were negative. Examination of the left knee demonstrated a mild effusion. Range of motion was 0-120 degrees with tightness at the extremes. There was mild incisional tenderness. There was mild quadriceps atrophy and mild anteromedial joint line tenderness. Motor strength was 5/5 for both lower extremities. Sensation was intact in the bilateral lower extremities. Treatment to date has included medications, right knee arthroscopic surgery (7/30/13), and left knee arthroscopic surgery (10/22/13) followed by 6 sessions of physical therapy, and cortisone injections. Utilization review from January 29, 2014 modified the request for 12 sessions of post-operative physical therapy for the left knee to 6 sessions of post-operative physical therapy for the left knee because although the patient had limited deficits per clinical documentation, his ambulatory function was not acceptable and guidelines allow for up to 12 visits of therapy following arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY PROCEDURE SIX VISITS; DURATION THREE WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Postsurgical Treatment Guidelines state that post-operative physical therapy for meniscectomy is recommended for 12 visits over 12 weeks. In this case, the patient underwent left knee arthroscopic surgery on 10/22/13. As cited from UR dated 1/29/14, the patient has already completed 6 sessions of post-op PT. There was significant improvement noted. Additional six therapy sessions are recommended to meet guideline criteria of 12 visits post-meniscectomy. This is to ensure maintenance of functional improvement derived from previous sessions. However, previous utilization review from January 29, 2014 already certified six sessions of PT. Therefore, the request for physical therapy procedure six visits; duration three weeks is not medically necessary.