

Case Number:	CM14-0027748		
Date Assigned:	06/13/2014	Date of Injury:	05/26/2011
Decision Date:	07/31/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 48-year-old male who reported an injury on 05/26/2011. Reportedly at the time he had to slam on his brakes suddenly and suffered injury to both of his knees. On 10/11/2013, the injured worker underwent a left knee partial medial and lateral meniscectomy. On 02/10/2014, it was noted that the injured worker had continued clicking and difficulty with climbing the stairs. The physical examination of the left knee revealed tightness of his hamstring and IT band muscles, the left worse than the right with mild effusion. There was no parapatellar or joint line tenderness to palpation. It was noted that the injured worker was advised to remain on modified work activities with no climbing. The diagnoses included status post left knee medial and lateral meniscectomy. On 02/07/2014, the physical therapy progress note the injured worker reported the discomfort of his left knee was relieved, however the pain returns a few days later once he leaves physical therapy. It was reported that squatting was painful and his knees had a continuing pop when ascending stairs. It was noted that the active range of motion of the left knee flexion was 12 and extension was 0 degrees and 125 degrees. It was noted that the left knee pops with active knee extension and with return sitting of the table. The knee muscle test was 4+/5 of knee flexion and of knee extension was 5/5. The Thomas Test and TFL/TIB of the left knee was positive for rectus femoris. The injured worker was not currently taking any medications and there was no visual analog scale (VAS) scale measurements noted. There was no conservative care listed for the injured worker. The diagnoses included tear of the lateral cartilage or meniscus of the knee, other tear of the cartilage or meniscus of the knee, pain in joint, lower leg, and other specified after care following surgery. The treatment plan included for decision for additional postoperative physical therapy for the left knee (1 x 6).

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE (1 X 6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) states that physical therapy for the right knee for the dislocation of knee and tear of medial/lateral cartilage/meniscus of knee dislocation of patella post-surgical treatment: (Meniscectomy): allows 12 visits over 12 weeks and postsurgical physical medicine treatment period for 6 months. On 02/07/2014, it was noted that the injured worker would benefit from skilled physical therapy improve ITB ability and hip strength so he may perform work and functional status without pain or limitation; however there was lack of evidence of the injured worker functional improvement with daily home exercise program. In addition, the additional visits will exceed the guidelines of the recommended post-surgical treatment period. Given the above, the request for additional physical therapy for the left knee is not medically necessary.