

Case Number:	CM14-0030411		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2010
Decision Date:	08/04/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 52-year-old male with a date of injury of 07/24/2010. Per treating physician's report 02/17/2014, the patient completed 12 sessions of physical therapy with some improvement of the range of motion of the right knee, decreased pain, and improved level of functioning. The patient is able to stand and walk better but still ambulating with a cane. The patient has pain in the low back aggravated by his abnormal gait. The listed diagnoses are: 1. S/P (Status post) 3 knee surgeries, the most recent 10/26/2013. 2. Patellofemoral syndrome, right knee. 3. Maltracking of the right patella. 4. Left knee strain compensable consequence. 5. Sprain/strain of the lumbosacral spine. 6. Insomnia due to the chronic pain. Treatment recommendation was the patient has demonstrated decreased pain and improved level of functioning with the first 12 postoperative physical therapy treatments. He is in need of an additional 12 treatments to decrease his pain and improve his level of functioning. A 10/26/2013 is the operative report for right knee arthroscopy, partial lateral meniscectomy, and knee patellofemoral synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,25, Postsurgical Treatment Guidelines.

Decision rationale: Synovectomy from 10/26/2013. The current request is for additional physical therapy 12 sessions for postoperative care. Review of the reports show that the patient has had 12 sessions with improvement of pain and function. The treating physician would like to continue physical therapy. MTUS Guidelines regarding physical therapy sessions postoperative following derangement of the meniscus, chondromalacia of the patella, and tibialis tendonitis, recommend 12 visits over 12 weeks with postoperative treatment period of 4 months. The current request is within the postoperative guidelines for which 12 sessions are recommended. The patient already received 12 sessions. The patient is reporting improvement of the symptoms. The patient should now be able to transition into a home program for ongoing rehabilitation. However, additional 12 sessions would exceed what is recommended by MTUS Guidelines for postoperative care following meniscectomy and synovectomy. Therefore, the request for, Physical Therapy 2x6 for the right knee is not medically necessary and appropriate.