

Case Number:	CM14-0031592		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2013
Decision Date:	08/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 injured worker is a 54-year-old female who reported an injury on 07/10/2013. The mechanism of injury was not provided for clinical review. Diagnoses include chondromalacia of the right patella, status post arthroscopic surgery. Previous treatments included physical therapy, medications, and surgery. Within the clinical note dated 01/17/2014, it was reported the injured worker was status post right knee arthroscopy. The injured worker complained of feeling as though she was losing her balance. Upon the physical examination, the provider noted mild effusion. The range of motion was noted to be 0 to 130 degrees. The provider indicated the injured worker had crepitus and stable ligaments. The provider noted the injured worker had tenderness to palpation of the peripatellar soft tissue. The provider requested for additional physical therapy. However, the rationale was not provided for clinical review. The request for authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional post-operative sessions of physical therapy 2 times per week for 3 weeks to the right knee: Upheld

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

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

Decision rationale: The request for an additional six postoperative sessions of physical therapy 2 times a week for 3 weeks to the right knee is not medically necessary. The injured worker complained of feeling as though she is losing her balance. The CA MTUS Post-Surgical Treatment Guidelines note controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercise after hospital discharge for a total knee arthroplasty results in a small to moderate short-term but not long-term benefit. The guidelines note post-surgical treatment for arthroplasty of the knee is 24 visits over 10 weeks, with a post-surgical physical medicine treatment period of 4 months. There is a lack of documentation indicating the efficacy of the injured worker's prior course of physical therapy. In addition, the request exceeds the guidelines' recommendation of a post-surgical physical medicine treatment period of 4 months. Therefore, the request is not medically necessary.