

Case Number:	CM14-0037681		
Date Assigned:	06/25/2014	Date of Injury:	06/20/2013
Decision Date:	08/20/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; operative arthroscopy and partial medial meniscectomy of the knee on December 5, 2013; and 16 to 18 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report dated March 6, 2014, the claims administrator denied a request for six additional sessions of postoperative physical therapy. Rather than citing MTUS 9792.24.3, the claims administrator cited a variety of non-MTUS Guidelines, including non-MTUS ODG Guidelines as well as the mislabeled and now-renumbered MTUS 9792.20(e). ACOEM Chapter 9, for some reason, was also invoked. The applicant's attorney subsequently appealed. A May 23, 2014, progress note was notable for comments that the applicant had persistent complaints of knee pain. The applicant had progression of earlier tricompartmental arthritis, it was noted. The applicant was on Norco and Naprosyn for pain relief. Knee range of motion was significantly limited, from -5 to 35 degrees about the left knee versus 0 to 130 degrees about the right knee. The applicant had a BMI of 27. The applicant was apparently quite apprehensive and was self-limiting. It was stated that the applicant had worsening arthritis. Electrodiagnostic testing and a neurology consultation were sought. The applicant's work status was not provided. In a physical therapy progress note of March 26, 2014, it was suggested that the applicant had completed 22 of 24 sessions of physical therapy authorized at that point in time. An applicant questionnaire from the same day, March 26, 2014, suggested that the applicant was working with restrictions. A March 26, 2014, medical progress note is notable for comments that the applicant had persistent complaints of knee pain. The applicant was using a cane, it was noted. Work restrictions were endorsed. The applicant had a positive McMurray maneuver and knee range of motion limited only to 75 degrees. On

April 23, 2014, the applicant was again given a rather prescriptive limitation of no standing or walking more than 20 minutes per hour. This was unchanged when compared to earlier and subsequent progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy two times per week for three weeks for left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1.MTUS 9792.24.3.c.2.2.MTUS 9792.24.3.c.4.b, Postsurgical treatment guidelines following knee meniscectomy surgery.

Decision rationale: The applicant had seemingly had prior treatment (somewhere between 16 and 22 sessions), seemingly well in excess of the 12-session course recommended in MTUS 9792.24.3 following a knee meniscectomy surgery. While MTUS 9792.24.3.c.2 does acknowledge that the necessity for postsurgical physical medicine is dependent and influenced on factors including comorbid medical conditions, Section 9792.24.3.c.4.b notes that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine treatment period in applicants in whom no functional improvement is demonstrated. In this case, while the applicant did have comorbidities including advanced knee arthritis, the applicant had nevertheless had treatment approximately twice such 12-session course. There was no clearcut evidence of functional improvement as defined in Section MTUS 9792.20(f) with ongoing therapy as noted on multiple office visits, referenced above. The applicant continued to have an unchanged 20-minute standing and walking limitation in place from visit to visit. The applicant's gait derangement and diminished knee range of motion were all likewise evident on multiple other office visits. All of the above, taken together, imply that the applicant had plateaued with the 16-22 earlier sessions of physical therapy in terms of the functional improvement parameters established in Section 9792.20(f). Therefore, the request for six additional sessions of physical therapy is not medically necessary.