

Case Number:	CM14-0046305		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2008
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 worker is a 54 year old male with multiple injuries and surgeries. He injured his left shoulder and both knees while pushing, pulling and lifting a heavy object at work on 10/08/2008. The worker responded well to arthroscopic partial lateral and medial meniscectomy of the left knee on 8/26/2009; and right knee surgery on 11/28/2012. These were followed by physical therapy, aquatherapy, and nerve stimulation. However, the injured worker's problems later worsened and he was placed on Mobic, Norco, Xanax, Neurontin, Lidoderm patch, and skelexin, but with little improvement. He continued to complain of knee pain, swelling and stiffness, as well as low back pain, and numbness. He walks with limp, and uses cane. The examination revealed knee swelling, and joint line tenderness. The range of motion of his knees is limited. He has been diagnosed with Osteoarthritis Localized- primary involving the lower leg; Tear of Medial Cartilage or Meniscus of knee. His doctor requested for cardiac clearance; arthroscopic knee debridement with manipulation under anesthesia; post-op Physical Therapy twice weekly qty 10 but these were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-op Physical Therapy twice weekly qty 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Knee, Online version.

Decision rationale: The MTUS is silent on knee Manipulation Under Anesthesia (MUA). However, the American College of Medicine Practice Guideline's recommended treatment for Chronic Osteoarthritis of the knee is Knee Arthroplasty (Strong Evidence (A)). Furthermore, the MTUS recommends against arthroscopy for meniscal tear when the degenerative disease of the knee is present. Since the procedure requested is not a recommended procedure, Post-Operative Physical Therapy is not medically necessary.