MAXIMUS Federal Services

Case Number:	CM14-0048357		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2010
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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 and 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 32-year old-male who reported an injury on 09/24/2010 due to an industrial work-related injury. It was noted that job duties required him to bend, kneel, climb ladders, walk, stand and lift up to 50 -90 pounds frequently for 3-5 hours/day with a reported last day of work of 12/02/2010. On 10/19/2013 the claimant underwent a right knee arthroscopy, synovectomy and medial lateral peripatellar and chondroplasty. On 01/29/2014 there were complaints of pain in the medial knee stepping up and down of curbs. The injured worker reported occasional pain in the lateral knee. It was noted the injured worker has not done much due to the increase pain in his right knee and low back pain with increase activities, prolonged walking and standing. The claimant stated he has had decreased pain after physical therapy and his strength seemed better. On the physical examination done on 01/29/2014 the objective findings revealed range of motion of the knee extension 0 degrees and knee flexion was within normal limits. The strength was noted concentric strength 4+/5, eccentric strength 4/5, knee flexion 4+/5 and hip abduction 4+/5. The right knee had tenderness and pain in the posterior knee region. The injured worker ambulates with on and off limping gait. On 01/29/2014 it was noted the claimant is able to ride recumbent bike for15 minutes, manage treadmill ambulation 3.3 miles per hour speed and demonstrate wall slide/squats for 30 seconds with fatigue of quadriceps. However, it was noted that there was a lack of improvement on eccentric strength with the single leg activities such as lateral and forward step activities. Diagnoses include internal derangement of the right knee. The injured worker has already completed 12/12 physical therapy sessions. There was no medication included for the injured worker submitted for review. The treatment plan includes a decision for physical therapy 12 sessions for the right knee. The authorization for request was submitted on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for the right knee: Upheld

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

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

Decision rationale: According to the California 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. In this case diagnoses include internal derangement of the right knee. It was noted the injured stated he has had decreased pain after physical therapy and his strength seemed better. On the physical examination done on 01/29/2014 the objective findings revealed range of motion of the knee extension 0 degrees and knee flexion was within normal limits. The strength was noted concentric strength 4+/5, eccentric strength 4/5, knee flexion 4+/5 and hip abduction 4+/5. The injured worker right knee had tenderness and pain in the posterior knee region. The documents that were provided stated the injured worker had signs of improvement in functional gains as well as decreased pain. There was lack of evidence of functional improvement with daily home exercise program and conservative care such as pain management or medications. In addition, the injured worker has already completed 12/12 physical therapy sessions for the right knee with noted improvement and it will exceed the guidelines of the recommended post-surgical treatment period. Given the above the request for 12 sessions of physical therapy for the right knee is not medically necessary and appropriate.