

Case Number:	CM14-0050166		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2012
Decision Date:	12/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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, 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 58 year old female with an injury date of 11/15/12. The patient is status post right knee surgery dated 10/02/13. Based on the progress report dated 03/11/14, the patient complains of pain in the right knee along with pain, stiffness and weakness in the right elbow as well. Physical examination reveals mild tenderness to palpation and spasm in the right elbow. Examination of the right knee reveals moderate swelling and decreased range of motion with 4/5 flexion and extension. As per progress report dated 12/18/13, the patient continued to experience swelling and limitation of motion after the surgery and is using a cane for walking. As per operative report dated 10/02/13, the patient underwent right knee surgery that included arthroscopic subtotal medial meniscectomy; arthroscopic partial lateral meniscectomy; arthroscopic chondroplasty medial femoral condyle; arthroscopic synovectomy; arthroscopic chondroplasty of patella; and arthroscopic release of lateral retinaculum for correction of patellar subluxation. Progress report dated 12/18/13 states that the patient has been receiving physical therapy post op for the right knee. The patient received a 3cc Marcain for the right knee prior to Hyalgan injection, as per progress report dated 03/11/14. He was also authorized for the 3rd Hyalgan injection, as per the same report. The patient used Voltaren to manage pain, as per report dated 11/19/13. The diagnosis on 03/11/14 was sprain/strain of elbow/arm, unspecified; sprain/strain of knee, unspecified and enthesopathy of knee. The provider is requesting for right knee post-operative physical therapy two times a week for five weeks. The utilization review determination being challenged is dated 03/26/14. The rationale was that the patient has already received 36 sessions of physical therapy for right knee post-operative. "The claimant has significantly exceeded normal guideline recommendations." Treatment reports were provided from 10/02/13 - 08/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee post-op physical therapy two times a week for five weeks: Upheld

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

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

Decision rationale: This patient is status post right knee arthroscopic surgery dated 10/02/14. He presents with pain in the right knee along with swelling and decreased range of motion. The request is for right knee post-operative physical therapy two times a week for five weeks. MTUS Guidelines, pages 24 and 25, state that "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint." The guidelines allow for 24 sessions of physical therapy over a period of 16 weeks for post-operative sprains and strains of leg and knee. In this case, the patient underwent right knee arthroscopy on 10/02/13 as per the operative report. The provider states, in progress report dated 12/18/13, that "The patient has just started with physical therapy for the right knee postop." The progress reports fail to document the number of sessions the patient received. The Utilization Review Denial Letter, however, states that "The claimant has had 36 physical therapy sessions postop." There is no evidence that the UR contention is not true. The 36 physical therapy sessions, therefore, exceed what is allowed by MTUS guidelines. Also, the patient is not within the post-surgical physical therapy treatment period of six months. Therefore, this request is not medically necessary.