

Case Number:	CM14-0058312		
Date Assigned:	07/09/2014	Date of Injury:	01/25/2013
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 Orthopedic Surgery 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:

This 50 year old female sustained an industrial injury on 1/25/13, due to repetitive kneeling. The 3/1/13 right knee MRI impression documented grade 2 lateral collateral ligament complex injury, minor chondromalacia, subtle medial meniscus tear, and minor extensor mechanism stress response. She underwent right knee arthroscopic partial medial and lateral meniscectomy and chondroplasty of the patella and medial femoral condyle on 1/3/14. She completed 12 post-operative physical therapy visits. The 4/10/14 treating physician report cited slow improvement with home exercises, anti-inflammatories, and pain medications. She still had posterior knee pain with rising from sitting and with squatting. Objective findings documented small effusion, 4+/5 quadriceps strength, and range of motion 0-125 degrees. There is no patellofemoral or lateral joint line tenderness. The knee was stable to all stress. There was mild medial joint line tenderness. The treatment plan recommended continued medications and home exercise program, emphasizing quadriceps strengthening. Follow-up was scheduled for 4 weeks with possible release to full duty. The 4/17/14 utilization review denied the request for additional physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the Right Knee, Two times a week for three weeks: Upheld

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

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6 month postsurgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient has completed the recommended general course of physical therapy. The orthopedist documented nearly full range of motion, slight quadriceps strength deficit, and only mild medial joint line tenderness. There was no specific functional deficit documented but for pain with standing from a seated position and with squatting. A home exercise program was evidenced. There is no compelling reason to support the medical necessity of supervised physical therapy over an independent home exercise program. Therefore, this request for outpatient physical therapy to the right knee, two times a week for three weeks is not medically necessary and appropriate.