

Case Number:	CM14-0058766		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2010
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 5/11/10. The diagnoses includes status post left knee arthroscopy with arthroscopic partial medial lateral meniscectomy synovectomy, chondroplasty on October 25, 2013 for internal derangement of the left knee with tear of the medial meniscus, left knee pain; lumbar facet arthropathy, lumbar radiculopathy. There is a 6/18/14 primary treating physician document that states that the patient is to continue with her functional restoration and the patient reports that she is able to increase activity level. She still ambulates with the use of a cane. She is to continue pain management. On exam the patient walks with antalgic gait due to the left knee pain. Her left knee exam revealed a healed incision that is non-tender with arthroscopic sutures. There is no soft tissue swelling, instability, or effusion. There is tenderness to palpation over the medial and lateral joint line. There is no pain with McMurray's maneuver. There is mild patellofemoral with satisfactory patellar excursion and tracking. There is grade 4+/5 quadriceps/hamstring strength. The range of motion 0-115 degrees with crepitation. The treatment plan included a discussion of a possible total left knee replacement. There is also a request for the patient to continue functional restoration which has been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT), two times a week for six weeks for the left knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Therapy (PT), two times a week for six weeks for the left knee is not medically necessary. The documentation indicates that the patient has had post op physical therapy for the left knee. It is unclear how much therapy the patient has had in the past. Furthermore, the MTUS Post-surgical guidelines recommend up to 12 visits for this surgery. Due to the fact that patient has already had post op therapy a request for 12 more sessions would exceed the guideline recommendations. Without evidence of the number of prior therapy sessions, the outcome, and a request that will exceed guideline recommendations the request for Physical Therapy (PT), two times a week for six weeks for the left knee is not medically necessary.