

Case Number:	CM14-0064417		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2009
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The claimant is a 54 year old male who sustained vocational injuries on 11/04/08 and 11/16/09 when he slipped and twisted his knee. The medical records provided for review document that the claimant underwent right knee arthroscopy for partial medial and lateral meniscectomy on 06/21/13. The current diagnosis is status post right knee arthroscopy with partial medial and lateral meniscectomies. The office note dated 06/05/14 noted complaints of persistent neck pain, low back pain, right shoulder pain and right knee pain. Physical examination was documented to show ambulation with a cane, cervical spine limited range of motion, tenderness over the paravertebral and trapezius muscles, right greater than left. Shoulder decompression was positive. Spurling's test was positive on the right. Sensation was 4/5 on the right and 5/5 on the left. Deep tendon reflexes were 2+ at the brachioradialis and biceps tendon bilaterally. Examination of the lumbar spine revealed limited range of motion, tenderness noted on palpation of the paraspinal muscles equally, Kemp's sign was positive bilaterally and strength was 4/5 bilaterally. Examination of the right shoulder revealed decreased range of motion with flexion at 90 degrees, extension 30 degrees, abduction 80 degrees, adduction 30 degrees, internal rotation 45 degrees and external rotation 60 degrees. Strength was 4/5 on flexion and abduction. Neer and Hawkins' signs were positive. Examination of the right knee revealed decreased range of motion with flexion of 140 degrees and extension of 0 degrees. There was tenderness on palpation noted over the medial joint line. Valgus and varus stress tests were positive. McMurray's test was positive. Quadriceps strength was 4/5. Conservative treatment to date included physical therapy in September and October of 2013, injection, brace, medications, and previous surgical intervention. The current request is for post operative physical therapy to the right knee for twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy for right knee 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post Surgical Rehabilitation Guidelines recommend up to twelve visits over twelve weeks following a meniscectomy for a period of up to six months. The claimant has already exceeded the six months Post Surgical Treatment Guidelines as it has been over one year since his surgery. Documentation is also not clear on the quantity of physical therapy following the previous knee surgery that the claimant has attended to date. In addition, there is a lack of documented subjective improvement or quantifiable objective functional rotation improvement from the previous therapy which should be noted in order to justify additional formal physical therapy. There is no documentation to indicate that this claimant would not be capable of performing a home exercise program at this point in rehabilitation. Therefore, based on the documentation presented for review, and in accordance with California MTUS Post Surgical Rehabilitation Guidelines, the request for post operative physical therapy to the right knee x12 sessions cannot be considered medically necessary.