

Case Number:	CM14-0072761		
Date Assigned:	07/16/2014	Date of Injury:	08/20/2013
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 57-year-old male sustained an industrial injury on 8/20/13. The mechanism of injury was not documented. The patient underwent left knee arthroscopy multi-compartmental synovectomy, partial medial and lateral meniscectomy on 2/4/14. The 3/31/14 orthopedic report indicated the patient experienced an initial set back with aggressive physical therapy. Exam findings documented mild effusion, range of motion 0-135 degrees, no patellar instability or apprehension, and moderate patellofemoral crepitation. A steroid injection was performed. The 4/25/14 physical therapy note indicated that knee function had improved since initiation of therapy. Pain level was 2/10. Additional physical therapy was requested to address flexibility, gait training, strengthening and range of motion. Records indicated return to work full duty was anticipated 4/30/14. The 4/28/14 treating physician report indicated the patient had some left knee pain and was going back to work. Exam documented range of motion 0-135 degrees with no noticeable effusion. Discussion of arthritic findings was documented. The patient was opined a good candidate for viscosupplementation. The patient stated that he would like to do more physical therapy to help with work hardening due to the nature of his job. Physical therapy was requested 2x6. The 5/9/14 utilization review modified the request for 12 additional physical therapy visits to 2 visits for treatment post injection and to assist in transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks for Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) - Pain, Suffering and the Restoration of Function, page 114; Official Disability Guidelines - Knee And Leg (Acute & Chronic).

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical 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 had completed the recommended general course of care. There was no current documentation of a specific functional deficit to be addressed by additional physical therapy. The 5/9/14 utilization review modified the request for 12 visits of additional physical therapy to 2 visits to allow for treatment post injection and transition to a home exercise program. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program and beyond care already certified. Therefore, this request for physical therapy 2x6 weeks for the left knee is not medically necessary.