

Case Number:	CM14-0080168		
Date Assigned:	07/21/2014	Date of Injury:	09/19/2011
Decision Date:	08/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 58-year-old female sustained an industrial injury on 9/19/11. The mechanism of injury was not documented. The patient was status post right total knee arthroplasty on 10/24/12. She underwent left knee arthroscopy with partial medial meniscectomy, chondral debridement, and loose body removal on 3/16/14. Records indicated that the patient had an almost non-functional right leg secondary to a poorly functioning total knee arthroplasty. The 4/25/14 orthopedic report cited some mild left knee soreness but overall the patient felt she had improved 70-75%. She was attending physical therapy regularly and thought this had been extremely beneficial. Physical exam documented mild joint effusion, range of motion 0-120 degrees, 5-/5 knee extension strength, and 5/5 knee flexion strength. There was slightly decreased quad and vastus medialis oblique compared to the contralateral side. The treatment plan recommended continued therapy to work on strengthening and range of motion. The 5/16/14 utilization review denied the request for additional physical therapy 2x4 as the patient had only completed 13 of 22 authorized physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Left Knee Physical therapy visits x 8. 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines 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. The postsurgical treatment period for this patient will continue until 9/16/14. Records indicate that care remained certified for 9 additional visits at the time of this request. Range of motion was functional and there was a slight strength deficit in knee extension. There is no indication that the remaining 9 visits will not be sufficient to restore full range of motion and strength and allow for 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 upon completion of previously certified care. Therefore, this request for 8 additional left knee physical therapy visits (2x4) is not medically necessary.