

Case Number:	CM14-0094219		
Date Assigned:	07/25/2014	Date of Injury:	09/10/2013
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine, 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:

Based upon the submitted documentation, this is a 45-year-old woman, injury 9/10/13, who twisted her knee while assisting the client. She had left knee arthroscopic surgery with meniscal repair. The 5/22/14 requesting report states patient's three months post-surgery with continued pain and swelling in the left knee. The patient has been practicing certain movements which have increased symptoms. Objectively there is swelling and crepitance, negative Homan's, unable to partial squat. Patient was placed off of work. There is no mention of how many post-operative physical therapy sessions the patient had already completed or when the last session was. There is no mention of regular participation in a home exercise program. Range of motion of the knee was not mentioned. No ligament stress testing was mentioned. A 5/15/14 chiropractic/physical therapy daily note for treatment six of six, noted recovery had been slow due to Patella surgery chronic bursitis. That note indicated that there was increased weight bearing tolerance, increased exercise tolerance, has home exercises and can perform them. Range of motion was 115 extension 0. There was report of increased activities of daily living but no specifics given. On physical therapy visit two of six, on 5/1/14 noted increased symptoms since last physical therapy, flexion 110 extension 0. A primary treating physician's report PR-2 dated 4/29/14 stated patient had had 12 physical therapy sessions at that facility because of complications from reoccurring bursitis and tendinitis. There is a 2/1/2014 operative report that describes the procedures as left knee arthroscopy with partial medial meniscectomy, tricompartmental synovectomy, chondroplasty, extensive debridement of partially anterior cruciate ligament (about 15%) and under the patella. The injured worker also had arthroscopic lateral patellar release. The report states patient had a painful knee with walking and incomplete flexion. There is grade 4 chondromalacia patella grade 2 chondromalacia femoral trochlea. Lateral subluxation of the

patella, Lateral tilt, abnormal tracking, and a large bucket handle tear of the medial meniscus was described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee post-op additional PT 2x week qty 6: 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: There have been at least 18 postoperative physical therapy sessions to date. It is acknowledged that the patient's knee injury per the description in the operative report and was more than a simple meniscal tear but MTUS postsurgical guidelines would still only support about 12 physical therapy sessions given this clinical presentation. Treatment has exceeded that. The requesting report does not document why this patient cannot continue gains in range of motion strength and activities of daily living with an independent home exercise program. The physical therapy notes she has been instructed in one. She has known arthritic changes in the knee which are going to continue to cause pain postoperatively regardless of the surgery. Therefore, based upon the evidence and the guidelines, additional physical therapy post-operative is not considered to be medically necessary.