

Case Number:	CM14-0012947		
Date Assigned:	02/24/2014	Date of Injury:	11/26/2012
Decision Date:	03/31/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 26-year-old male who sustained an industrial injury on 11/26/12. Injury occurred when he twisted in a strap descending a utility pole. He underwent left knee arthroscopy with partial medial and lateral meniscectomies, partial synovectomy, and chondroplasty of the proximal patella and medial compartment on 10/15/13 and completed 8 post-operative physical therapy sessions. The 1/16/14 treating physician report cited frequent constant moderate to severe left knee pain causing popping, stiffness, weakness, and tenderness. The patient was using Norco and Motrin for pain management. Left knee exam documented no erythema or effusion, positive patellofemoral joint line tenderness, range of motion 15-105 degrees, positive patellofemoral compression and crepitation, and positive Apley's sign. There was normal strength and sensation. Gait was mildly antalgic due to pain. Additional physical therapy was requested 2 times per week for 4 weeks. The patient remained off work. On 1/24/2014, utilization review modified a request for 8 additional post-operative physical therapy sessions for the left knee to 6 sessions for restorative purposes based on persistent symptomology and associated functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL POST OPERATIVE PHYSICAL THERAPY TO THE LEFT KNEE, TWO TIMES A WEEK FOR FOUR WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/KNEE; TABLE 2, Summary of Recommendations, Knee Disorders>.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty 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 1/24/14 utilization review modified a request for 8 additional post-op physical therapy sessions to 6 sessions as there were persistent symptoms and associated functional deficits. There is no compelling reason to support the medical necessity of additional treatment beyond the recommended general course of post-op therapy, and prior to completion of the currently certified treatment and evidence of residual functional deficits. Therefore, this request is not medically necessary.