

Case Number:	CM14-0019324		
Date Assigned:	04/23/2014	Date of Injury:	11/02/2004
Decision Date:	01/02/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 injured worker is a 50 year old male with a reported industrial injury on November 2, 2004 while running. The injured worker has a diagnosis of synovial inflammation, likely secondary to viscosupplementation this was noted in the note dated November 13, 2013. The injured worker was examined by the primary treating physician on December 18, 2013 and the complaints included night pain on and off, pain with activity. The progress was hand written and not legible. The injured worker had eight physical therapy sessions to that date and the physician requested additional Physical Therapy 1 X 6 week to left knee. The injured worker had an arthroscopic partial medial and lateral meniscectomy and partial synovectomy of the left knee on September 3, 2013. The physical therapy note dated January 6, 2014 states the injured worker had tolerated therapy without complaints of pain and the overall condition was improving. The Utilization review non-certified the request for additional Physical Therapy 1 X 6 week to left knee on January 17, 2014. The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1 x 6 weeks Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical physical therapy Page(s): 24.

Decision rationale: The California chronic pain medical treatment guidelines section on post-surgical physical therapy of the knee states: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. The provided documentation states the additional therapy is to address loss of motion, stiffness, range of motion and gait/locomotion. The physical therapy notes states the patient is doing well with no negative comments. The patient has already completed 16 physical therapy sessions. The goal of physical therapy per the California MTUS is a shift to home exercise program after completion of the recommended amount of sessions. The patient has exceeded the recommended amount of sessions and therefore the request is medically necessary.