MAXIMUS Federal Services

Case Number:	CM14-0188971		
Date Assigned:	11/19/2014	Date of Injury:	04/04/2013
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 45 year old male was a welder when he sustained an injury on April 4, 2014. He twisted his left leg on metal flooring while operating a pneumatic saw. Diagnoses included degenerative joint disease of the knee, tibia, and patella; patellar tendinitis, right knee medial meniscus tear, left elbow dislocations, left elbow surgeries, right shoulder cuff repair, and hypertension. The medical record indicates the injured worker underwent an arthroscopic chondroplasty and a microfracture-type technique surgery to the trochlea of the left knee on July 9, 2013, which was not beneficial and worsened the injured worker's condition. Since the left knee surgery, the injured worker bilateral knee pain became more noticeable. The injured worker was treated with 3 Hyaluronic acid injections of the left knee in November 2013. The medical records refer to a prior course of physical therapy for the left knee, which did not help. Other prior treatments included heat, ice, home exercise program, modified activities, and anti-inflammatory and pain medications. On September 24, 2014, the injured worker underwent a right knee arthroscopic medial femoral condyle gentle chondroplasty, limited synovectomy, and bilateral knee patellar ligament platelet-rich plasma (PRP) injections. On October 7, 2014, the injured worker reported noted right medical knee soreness, improved swelling since surgery, and the left knee pain was worse than the right knee. The injured worker was wearing a left knee brace. The orthopedic physician's physical exam revealed a small left knee effusion, negative varus and valgus stress tests, lateral joint line tenderness with negative McMurray Maneuvers, positive left patellofemoral and trochlea tenderness, a negative J sign for patellar tracking, and normal patellar translation in extension. The orthopedic physician prescribed physical therapy for both knees, requested Synvisc One injections for both knees, brace, ace wrap, heat, ice, rehabilitation exercises and stretching, gradual return to activities/sports as symptoms improve, and anti-inflammatory and pain medications. On November 13, 2014, the orthopedic physician noted

significant improvement of the right knee pain since surgery, and persistent left knee pain, which was causing lower back pain. The injured worker had not attended any physical therapy sessions yet. The physical exam revealed full passive range of motion of the right knee, limited passive range of motion of the left knee with painful crepitus, and small left knee effusion. The remainder of the physical exam was unchanged from the prior visit on October 7, 2014. The physician recommended continuing the home exercise program, a low impact fitness program, await authorization for the requested Synvisc One injections for both knees, wear brace, physical therapy, ace wrap, heat, ice, rehabilitation exercises and stretching, and gradual return to activities/sports as symptoms improve.On October 14, 2014, Utilization Review modified a prescription for 12 (3 X 4) sessions of physical therapy for bilateral knees. The physical therapy was modified to 12 sessions of physical therapy for the right knee based on the injured worker is status post left knee surgery from July 9, 2013, and the injured worker should have already transitioned to a dynamic home exercise program. Any ongoing deficits should be able to be addressed by the home exercise program. The California Medical Treatment Utilization Schedule (MTUS) 2009 Post-Surgical Treatment guidelines for the Knee were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Post-Operative Physical Therapy (PT) three times four (3x4) for bilateral knees QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 11/13/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. The claimant is status post left knee arthroscopy on 7/9/13. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is not medically necessary.