

Case Number:	CM14-0191456		
Date Assigned:	11/24/2014	Date of Injury:	10/03/2002
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with the injury date of 10/03/2002. The patient presents with pain in both of his knees. The patient walks with a mild limp. The patient recently has a right knee arthroscopy on 10/20/2014. Per 10/23/2014 progress report, the patient "complains of increased bleeding around the incision site, a large hematoma was found upon examination around the incision site but no active bleeding was found." There is mild to moderate swelling and ecchymosis over the anterior right knee. The patient stays at bed most of time due to his back and knee pain. His right knee flexion is 75 degrees and extension is 10 degrees. The patient reports experiencing severe depression and sees a psychologist. Per 10/30/2014 progress report, the patient will be off work until rehabilitation is complete. The patient is taking Morphine sulfate and Norco. Diagnoses on 10/27/2014) Chronic low back pain with right sciatica, aggravation of a preexisting condition) Probable right L5 radiculopathy) S/P lumbar decompression and fusion, L5-S1 on 05/31/2011) Diabetes mellitus) Bilateral knee pain, s/p right knee arthroplasty on 01/28/2013 and s/p left total knee arthroplasty on 08/05/2013, and s/p right knee debridement surgery on 10/28/2013) Major depression) S/P completion of pain management agreementThe utilization review determination being challenged is dated on 11/12/2014. Treatment reports were provided from 06/25/2014 to 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy-Post-Op two times a week for six weeks, in treatment of the right knee
Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG, Knee Chapter & Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 24,25.

Decision rationale: The patient presents with pain in his knees bilaterally. The patient is s/p multiple knee surgeries, including right knee arthroscopy with debridement of scar tissue on 10/20/2014. The request is for a total of 12 sessions of physical therapy for the right knee as a post-op treatment. MTUS guidelines page 24-25 allow 24 sessions of physical therapy for post-op treatment following arthroplasty. Neither MTUS nor ODG guidelines have a specific number of therapy visits recommended for debridement and scar tissue arthroscopic surgery but for chondral defect/chondromalacia surgery, 12 sessions are recommended. Per the utilization review letter on 11/12/2014, the 10/30/14 request, "the initial 12 post-op therapy sessions were certified with the surgery certification on 08/16/2014." In this case, this request appears to be a duplicate. The request IS NOT medically necessary.