

Case Number:	CM14-0194345		
Date Assigned:	12/02/2014	Date of Injury:	02/03/2014
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 sustained a left knee injury on 2/3/2014 resulting in lateral pain, stiffness and swelling. Examination on 2/26/14 revealed medial joint line tenderness and a positive McMurray. An MRI scan of the left knee was advised. On 3/12/2014 the MRI of the left knee revealed a partial tear of the anterior cruciate ligament, torn posterior horn of the medial meniscus and a small area of edema in the medial margin of the medial tibial plateau. Focal degenerative change was noted in the lateral meniscus. He underwent arthroscopy on 8/6/2014. The procedures performed included partial medial and lateral meniscectomies, patellofemoral chondroplasty, synovectomy of medial and lateral patellofemoral compartments, lateral release, manipulation under anesthesia, and intra-articular injection. The findings included a large tear of the medial meniscus and a superior surface tear of the lateral meniscus, severe arthrofibrosis of the left knee and hypertrophic synovitis. There was chondromalacia of patella noted with subluxation. The anterior cruciate ligament was intact. A month later the documentation indicates that physical therapy was progressing well but his pain levels remained high. The disputed issue pertains to a prescription for postoperative physical therapy (aggressive therapy) 3 times a week for 4 weeks for the left knee. This was modified by Utilization Review to approve 6 additional sessions 2 times a week for 3 weeks. The documentation indicates that Utilization Review was not provided with notes indicating progress or failure with physical therapy or the number of completed visits. It was stated that he had completed only 4 sessions of physical therapy. The criteria used were postsurgical treatment of 12 visits over 12 weeks for a meniscectomy per postoperative treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physiotherapy (Aggressive Therapy) 3 times a week for 4 weeks for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 25.

Decision rationale: MTUS Postsurgical treatment guidelines specify the number of physical therapy visits after surgical procedures. For a meniscectomy the general course of therapy is 12 visits over 12 weeks. The postsurgical physical medicine treatment period is 6 months. For manipulation under anesthesia the postsurgical treatment is 20 visits over 4 months and the postsurgical physical medicine treatment period is 6 months. Out of these 2 procedures that were done, the manipulation under anesthesia allows more physical therapy and for a longer duration of treatment. Therefore this is selected to determine the number of visits. The guidelines indicate an initial course of therapy equal to half this number. Then, with objective evidence of continuing functional improvement a subsequent course of therapy is prescribed within the above parameters. The initial course of therapy for manipulation under anesthesia is 10 visits. He had completed at least 4 visits and another 6 were approved by utilization review. So the initial 10 visits were appropriate and consistent with the guidelines. The request for additional 3 visits per week for 4 weeks (12 visits) without documentation of continuing functional improvement is not supported by guidelines as it exceeds the initial course of therapy. Therefore the request as stated was not medically necessary. However, after completion of the 10 visits if there is documentation of continuing objective functional improvement a subsequent course of therapy of another 10 visits can be prescribed according to the guidelines. Based upon the above, the request as stated for aggressive physical therapy 3 times a week for 4 weeks for the left knee is not supported by guidelines. Therefore, the request is not medically necessary.