

Case Number:	CM14-0200970		
Date Assigned:	01/15/2015	Date of Injury:	09/20/2012
Decision Date:	03/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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(IW) is a 42 year old male, who sustained an industrial injury on 09/20/2012. He has reported right knee pain and soreness. The diagnoses have included internal derangement of knee. Treatment to date has included right ACL (anterior cruciate ligament) repair on 06/25/2013, and a right knee arthroscopy with lysis of adhesions on 10/07/2014. Currently,(as of 10/27/2014) the IW was at 20 days post-operative and reported soreness after completing three sessions of physical therapy. The right knee range of motion was 0 degrees of extension and 124 degrees of flexion. There was slight tenderness around the medial and lateral joint lines but no tenderness in the medial femoral condyle or the lateral femoral condyle. Patellar grind test, anterior drawer test, and Lachman test were negative. Quadriceps and hip flexor strength was normal. The clinician's treatment plan was to continue physical therapy. On 11/14/2014, Utilization Review non-certified an associated surgical service: Physical therapy for the right knee; three times a week for 4 weeks, QTY: 12 sessions, noting the patient had only completed 3 visits at the time of the request with no evaluation of functional improvement achieved with the initial 12 visits to support additional treatment. According to case notes available to Utilization Review, the IW had completed 9/12 of the authorized visits. MTUS, Postsurgical Treatment Guidelines Meniscectomy, were cited. The 11/17/14 treating physician report noted denial of the request for physical therapy. He reported that the patient was status post right anterior cruciate ligament reconstruction with post-operative scarring. The application of guidelines for meniscectomy were questioned. Physical exam on 11/17/14 documented range of motion 0-125 degrees, slight medial and lateral joint line tenderness, negative instability tests,

and 5/5 quadriceps and hip flexion strength. On 12/01/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy for the right knee; three times a week for 4 weeks, QTY: 12 sessions: Upheld

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for knee surgery, including meniscectomy, chondroplasty, and debridement, suggest a general course of 12 post-operative physical medicine 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 period. Guideline criteria have not been met. This request for 12 additional physical therapy visits, to a total of 24 visits, markedly exceeds the recommended general course of treatment for knee surgeries, such as the adhesiolysis of the right knee. Physical exam findings as of 11/17/14 documented slight tenderness, functional range of motion 0-125 degrees, negative instability testing, and normal strength. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program, and in excess of guideline recommendations. Therefore, this request for physical therapy for the right knee, three times per week for 4 weeks (QTY: 12) is not medically necessary.