

Case Number:	CM15-0107804		
Date Assigned:	06/12/2015	Date of Injury:	11/05/2012
Decision Date:	07/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 11/5/12. Initial complaints were not reviewed. The injured worker was diagnosed as having primary osteoarthritis lower leg. Treatment to date has included status post right knee arthroscopy meniscectomy, chondroplasty, debridement, resection of hypertrophic synovial plica (4/26/13); status post right knee total knee arthroplasty (1/29/14); status post left knee arthroscopic partial medial meniscal debridement, partial lateral meniscectomy, chondroplasty, debridement patellofemoral joint, medial compartment with intra-articular debridement scar from previous ACL reconstruction with 3 compartment synovectomy/debridement (2/13/15); status post left knee arthroscopic debridement, meniscectomy, chondroplasty and intraoperative findings of grade 4 osteoarthritis 5/13/15; physical therapy; medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker presented to the clinic for an orthopedic re-evaluation regarding his left knee. He is a status post left knee arthroscopic partial medial meniscal debridement, partial lateral meniscectomy, chondroplasty, debridement patellofemoral joint, medial compartment with intra-articular debridement scar from previous ACL reconstruction with 3 compartment synovectomy/debridement of 2/13/15 and then an arthroscopic ACL reconstruction 2/13/15 and then on May 13, 2015 the injured worker had the left knee arthroscopic debridement, meniscectomy, chondroplasty and intraoperative findings of grade 4 osteoarthritis. The provider notes the injured worker is making good progress with range of motion and strength improving and his pain decreasing. Interoperatively, the provider notes the injured worker had grade 2 to 3 osteoarthritis of the patella, grade 2 of the trochlea, grade 4 of the medial femoral condyle, grade

2 of the lateral femoral condyle, grade 2 of the lateral tibial plateau and grade 4 of the medial tibial plateau. He continues to experience symptoms of achiness, stiffness, pain and swelling on prolonged weight bearing activities. The physical examination of the left knee showed well-healed arthroscopic portals, range of motion is 10-120 degrees, and strength is noted to be 4/5. There is positive patellofemoral crepitation and positive grind. The skin and neurovascular exam are intact. The provider documents a history of a status post-right knee arthroscopic surgery 4/2013 with findings of grade 4 osteoarthritis of the medial compartment followed by Synvisc One injection 6/2013. The injured worker is working on restricted sedentary work with no climbing or bending, squatting or kneeling. He is limiting him to standing and walking to 30 minutes per hour. The physical therapy "Summary Progress Report" dated 4/30/15 documents the injured worker had been seen for 28 visits and in this time has shown progress but continues to demonstrate strength and stability deficits and may benefit from a work hardening program focused on progression of strength and return to work. The provider is recommending additional Physical Therapy for the left knee 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left knee 2 times a week for 6 weeks total 12: 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 patient was injured on 11/05/12 and presents with left knee pain. The request is for PHYSICAL THERAPY LEFT KNEE 2 TIMES A WEEK FOR 6 WEEKS, TOTAL 12. The RFA is not provided and the patient is on "restricted duty only. Restrictions include sedentary work only. No climbing or bending. No squatting or kneeling. Standing and walking is limited to 30 minutes per hour." MTUS Guidelines page 24-25 regarding post-surgical physical therapy for the knee allows up to 12 visits over 12 weeks for meniscectomy. The postsurgical physical medicine treatment period is 6 months. The patient is diagnosed with primary osteoarthritis of the lower leg. On 02/03/15, the patient underwent a left knee arthroscopic partial medial meniscal debridement, partial lateral meniscectomy, chondroplasty, debridement patellofemoral joint and medial compartment with intra-articular debridement scar from previous ACL reconstruction with 3-compartment synovectomy/debridement. On 05/13/15, the patient underwent a left knee arthroscopic debridement, meniscectomy, chondroplasty and intraoperative findings of grade 4 osteoarthritis. The 05/18/15 report states that the patient was "only approved for 16 sessions of postoperative physical therapy. He still has deficits regarding his range of motion and strength and has residual achiness, stiffness, and pain in his knee." In this case, the patient has already been authorized 16 sessions of therapy. An additional 12 sessions of therapy to the 16 sessions the patient has already been authorized exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.