

Case Number:	CM15-0169440		
Date Assigned:	09/10/2015	Date of Injury:	08/20/2013
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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 53-year-old male, who sustained an industrial injury on 8-20-2013. The current diagnoses are persistent chronic left knee pain and status post partial medial and lateral meniscectomy of the left knee (6-8-2015). According to the progress report dated 7-7-2015, the injured worker complains of pain and weakness in the left knee. It is noted that the weakness is consistent with some quadriceps and hamstring abnormalities that should be addressed with physical therapy. The level of pain is not rated. A medical legal report dated 7-29-2015, noted the physical examination of the left knee, which included range of motion 0 to 100 degrees, tenderness over the lateral thigh on the left side, and positive Faber's maneuver test. The current medications are Norco and Motrin. Treatment to date has included medication management, knee brace, MRI studies, and surgical intervention. MRI scan of the left knee from 1-9-2015 shows "ongoing tear of the meniscus and joint effusion". Work status is described as temporarily totally disabled. The original utilization review (8-20-2015) had non-certified a request for 18 physical therapy sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits to the left knee (3 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Based on the 6/29/15 progress report provided by the treating physician, this patient presents with ongoing left knee pain and is s/p left knee meniscectomy from 6/8/15. The treater has asked for 18 PHYSICAL THERAPY VISITS TO THE LEFT KNEE (3 TIMES A WEEK FOR 6 WEEKS) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p his 4th left knee surgery, his most recent a partial medial/lateral meniscectomy from 6/8/15 report. An MRI of the left knee from 1/9/15 shows ongoing tear of meniscus and joint effusion per 6/29/15 report. The patient has not yet begun his post-operative physical therapy, but is doing a home exercise program per 6/29/15 report. The patient is currently using Norco and Motrin per 6/29/15 report. The patient's work status is temporarily totally disabled through 7/29/15 per 6/29/15 report. MTUS Post-Surgical Treatment Guidelines, Knee Section pg 24, 25: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) -Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months In this case, the patient has had his 4th knee surgery, and there is no documentation of the benefit of prior post-operative physical therapy. However, the patient has not yet begun his post-operative physical therapy for his most recent surgery from 6/8/15. Per utilization review letter, dated 8/20/15 denies request-stating lack of documentation of prior physical therapy. However, MTUS only allows for 12 sessions of post-operative therapy following a meniscectomy, and the current request for 18 sessions exceeds what guidelines recommend. Hence, the request IS NOT medically necessary.