MAXIMUS Federal Services

Case Number:	CM15-0203077		
Date Assigned:	10/19/2015	Date of Injury:	07/12/2012
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
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 38 year old male, who sustained an industrial injury on 7-12-2012. Diagnoses include left knee pain status post two left knee surgeries, chronic pain, lumbago, and right knee pain, internal derangement. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatment, and TENS unit. On 9-16-15, he complained of ongoing knee issues. The record documented, "He is status post MPFL reconstruction with lack of flexion, needs to have lengthening of MPFL to regain range of motion." The physical examination documented decreased range of motion in bilateral knees. The left knee demonstrated tenderness and positive diagnostic findings. The treating diagnosis included arthrofibrosis, left knee. The plan of care included release of the medial patella ligament reconstruction to regain range of motion. The appeal requested eight (8) post-operative physical therapy sessions. The Utilization Review dated 9-28-15, modified the request to allow six (6) post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical therapy 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The records indicate the patient continues to complain of stiffness in his left knee, with pain at end range of motion. The current request is for post-operative physical therapy 8 visits. The attending physician report dated 9/16/15 indicates the patient requires a scope with lysis of adhesions. No ACL work is needed now, but he will need a release of his medial patella ligament reconstruction most likely to regain his ROM. He will need 8 visits of PT pre-authorized, and an ice machine for a week. The CA MTUS postsurgical guidelines allow 12 visits over 12 weeks for old bucket handle tear; meniscus derangement; loose body in the knee; chondromalacia patella; tibialis tendonitis. Post-surgical treatment guidelines recommended 6 visits or half the recommended visits and a re-evaluation to determine if the physical therapy is providing functional benefit. The request for 8 visits exceed the required initial 6 visits and re-evaluation. Therefore, the current request of 8 visits is not medically necessary.