

Case Number:	CM15-0205980		
Date Assigned:	10/22/2015	Date of Injury:	03/02/2015
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Montana, Oregon, Idaho

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:

This 47 year old female sustained an industrial injury on 3-2-15. Documentation indicated that the injured worker was receiving treatment for left femoral groove chondral fracture. The injured worker underwent left knee arthroscopy with major synovectomy and loose body removal on 7-7-15. The injured worker received postoperative physical therapy, knee brace and medications. In a PR-2 dated 8-11-15, the injured worker complained of ongoing left knee pain with swelling and locking. The injured worker's pain was not quantified. Physical exam was remarkable for left knee with tenderness to palpation, "improving" strength and gait and range of motion 0 to 115 degrees with pain on flexion. The injured worker had completed six sessions of postoperative physical therapy. In a PR-2 dated 9-15-15, the injured worker complained of left knee pain, rated 2 to 3 out of 10 on the visual analog scale, associated with swelling and discomfort when going down stairs. Physical exam was remarkable for left knee with "increasing" strength, "decreasing" pain, no locking and improving range of motion 0 to 125 degrees. The injured worker had completed 12 sessions of postoperative physical therapy with increased strength, function and range of motion and decreased pain. The physician recommended additional physical therapy to continue strengthening in addition to performing home exercises. On 9-30-15, Utilization Review noncertified a request for postoperative physical therapy, twice a week for three weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op PT Twice Weekly for 3 Weeks Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12 week period. 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. According to the ODG-TWC knee and leg section, the following is recommended for articular cartilage injuries. Articular cartilage disorder; chondral defects (ICD9 718.0); Medical treatment: 9 visits over 8 weeks; Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks. In this case the injured worker underwent knee arthroscopic synovectomy and loose body removal. While neither resource comments specifically about synovectomy, similar diagnoses were used. Both resources recommend no more than 12 postoperative visits. The guidelines recommend initially of the 12 visits to be performed. The submitted documentation does support objective improvement in range of motion from 0-115 to 0-125 over the treatment period. He now has near normal range of motion and no effusion or mechanical symptoms are noted. At this point the injured worker has completed 12 visits are there is no documented reason why he cannot be transitioned to a home exercise program as recommended by the guidelines. The current request exceeds the maximum number of recommended visits and therefore the request is not medically necessary.