

Case Number:	CM15-0207835		
Date Assigned:	10/26/2015	Date of Injury:	01/08/2014
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 39 year old female who sustained an industrial injury on 1-8-14. A review of the medical records indicates she is undergoing treatment for left knee pain associated with synovitis - status post tricompartmental synovectomy on 3-13-15, apparent compensatory right knee pain - rule out internal derangement, and a history of tobacco abuse. Medical records (6-23-15, 8-10-15, and 10-1-15) indicate ongoing complaints of "mild" left knee pain. The records indicate that she described the pain as pain with a "tight feeling" over the medial and lateral aspect of the left knee (6-23-15, 8-10-15). The 10-1-15 record indicates that her pain is "mild" and she describes it as "burning" over the lateral aspect of the left knee. She also complains of pain in the right knee, which she attributes to overcompensation of weight shifting from her left leg to her right leg. The physical exam (10-1-15) reveals a mildly antalgic gait "due to the fact that she does not straighten the left knee with each step". The treating provider indicates "trace positive" lateral terminal deviation with extension of the left knee. Range of motion is noted to "go from 0 degrees of extension when she relaxes to 138 degrees of flexion". The patellar compression test is "minimally" positive. "Very mild" medial patellar facet tenderness is noted. "Mild plus" medial joint tenderness is noted. Treatment has included medications, use of a cane for walking, a knee sleeve, and at least 14 sessions of physical therapy (6-26-15). She is not working. The treating provider indicates that following physical therapy, the injured worker "has done exceptionally well", but "still needs a lot of assistance to regain further active extension of her left knee as well as additional muscle strength". Additional physical therapy twice a week for six weeks was recommended (8-10-15). The 10-1-15 record

indicates a treatment recommendation of six additional sessions of physical therapy. The utilization review (10-14-15) includes a request for authorization of additional post-operative physical therapy of the left knee, 6 sessions, status post arthroscopy with synovectomy on 3-13-15, as an outpatient. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy of left knee, 6 additional sessions, s/p arthroscopy with synovectomy on 3/13/15, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the patient is s/p knee arthroscopy with synovectomy on 3-13-15 with at least 14 post-op PT visits completed. Report noted the patient is doing well; however, records indicate the patient has continued symptom complaints, clinical limitations and has remained not working without any modified duties attempted for this surgery now almost 9 months passed. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic knee synovectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's arthroscopy is now over 8-1/2 months without documented functional objective improvements, post-operative complications, or comorbidities to allow for additional physical therapy as the patient remained off work. There is reported functional improvement from treatment of 14 PT visits already rendered to transition to an independent home exercise program. The Post-op physical therapy of left knee, 6 additional sessions, s/p arthroscopy with synovectomy on 3/13/15, outpatient is not medically necessary and appropriate.