

Case Number:	CM15-0223424		
Date Assigned:	11/19/2015	Date of Injury:	03/27/2012
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 3-27-12. Medical records indicate that the injured worker has been treated for left knee degenerative joint disease; left knee chondromalacia patella. He currently (10-6-15) has completed 16 post-operative physical therapy sessions for the left knee which was beneficial with range of motion and now started working on strengthening. The 7-15-15 progress note indicates that with physical therapy his strength and range of motion have improved. He reports (10-6-15) continued flare ups of knee pain occurring 1-2 times per week. He reports that since his last visit his pain has decreased and his range of motion has improved. His pain level was 6 out of 10 and symptoms are exacerbated by prolonged walking, standing or sitting. His knee buckles more frequently in the morning. Physical exam of the left knee revealed decreased range of motion, positive Neers and Hawkins tests, strength 5-5 flexion and extension. His pain level on 6-16-15 was also 6 out of 10. His MRI of the left knee from 8-25-14 showed tricompartmental cartilage loss, osteochondral lesion, small joint effusion, post-operative changes with a re-tear within the anterior horn, body and posterior horn. Treatments to date include status post left knee arthroscopic medial meniscectomy, synovectomy, left open osteochondral allograft (6-8-15); physical therapy with moderate relief; transcutaneous electrical nerve stimulator unit with moderate relief; icing with temporary relief; medications: ketoprofen, zanaflex, naproxen, orthovisc injection (allergic reaction), Norco. In the progress note dated 10-6-15 the treating provider's plan of care included a request for additional physical therapy to the left knee 2 times a week for 6 weeks to improve strengthening and range of motion. Of note, the 7-1-15 note indicated that prior left knee surgery (1-27-14) post-operative physical therapy focused on range of motion and did not address strengthening. The request for authorization dated 10-6-15 was for additional post-operative physical therapy times 12 visits for

the left knee. On 10-23-15 Utilization Review non-certified the request for post-operative physical therapy times 12 visits 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-operative physical therapy x12 left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

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

Decision rationale: The claimant sustained a work injury in March 2012. He underwent an arthroscopic right shoulder subacromial decompression and distal clavicle resection in November 2012. He had an arthroscopic left knee medial meniscotomy in January 2014 and underwent open revision surgery with medial meniscotomy, synovectomy, and osteochondral allograft on 06/08/15. He was non-weight-bearing for two weeks and then allowed weight-bearing as tolerated. When seen by the requesting provider he had completed 12 sessions of physical therapy which had helped with range of motion. He had not started strengthening. He was having knee pain rated at 6/10 exacerbated by prolonged walking or sitting. He was having swelling when walking. He was having episodes of buckling. He was using ice and TENS which were reducing his pain. Left knee range of motion was to 110 degrees. There was normal strength with manual muscle testing. The claimant's body mass index is normal. Additional physical therapy two times per week for six weeks was requested for improving strength and range of motion. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to progress and finalize the claimant's home exercise program. The request is not medically necessary.