

Case Number:	CM14-0101837		
Date Assigned:	07/30/2014	Date of Injury:	04/14/2012
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 03/27/2012 due to tripping over carpet and injuring his knee and falling then to his right side. The injured worker complained of his neck, lower back, and knee pain. The diagnoses included cervical radiculopathy, lower back pain, and knee pain. The x-ray dated 04/10/2014 of the right knee revealed mild osteoarthritis consisting of the medial and lateral joint space narrowing, spur formation at the tibial spines, degenerative changes at the articular surface of the patella, irregularity of the anterior tibial tuberosity. The past treatments included medications, physical therapy, chiropractic therapy, injections, rest, home exercise, and acupuncture. The physical examination to the right knee, dated 04/24/2014, revealed an extension of 0 degrees and a flexion of 35 degrees discomfort to the medial with McMurray's maneuver on the right; the patellar inhibition test was positive on the right. The treatment plan included additional therapy, and transcutaneous electric nerve stimulator unit. The Request for Authorization, dated 06/30/2014, was submitted with documentation. No medications noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times per week for 4 weeks to right knee.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California MTUS indicates that there is controversy about the effectiveness of therapy after arthroscopic partial meniscectomy. 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. Postsurgical treatment: 12 visits over 12 weeks of postsurgical physical medicine treatment period: 4 months. The clinical notes indicated that the injured worker had received physical therapy of unknown sessions and had failed therapy. The request is for 12 sessions of additional therapy. However, there is no special circumstance to warrant additional therapy. The 12 visits requested plus the physical therapy that the injured worker had already received would exceed the recommended 12 visits. As such, the request is not medically necessary.