

Case Number:	CM14-0112200		
Date Assigned:	08/04/2014	Date of Injury:	03/29/2014
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 03/29/2004 while coming down the stairs he tripped and fell injuring his right knee. The injured worker had a history of right knee pain with swelling and instability. The physical exam dated 04/09/2014 of the right knee revealed a very guarded exam, no tenderness to the patellofemoral to compress or subluxation. No varus or valgus laxity at 0 to 30 degrees. He had laxity to Lachman's. He could not tolerate a McMurray's exam. The diagnostics included an x-ray that revealed no fractures, lesions or tumors. The MRI dated 05/28/2014 revealed full thickness tear of the anterior cruciate ligament. Buckling to the posterior cruciate ligament and chronic partial tear also meniscal tear. The past treatments included Cold Therapy Unit, post-op physical therapy, ice, crutches, and medication. The injured worker had a right ACL tear and meniscus tear on the MRI leading to knee surgery of unknown date, and unknown procedure. The treatment plan included 12 postoperative physical therapy visits to the right knee. The request for authorization dated 08/04/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Operative Physical Therapy visit for the right knee 2 visits per week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

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

Decision rationale: The request for 12 post-operative physical therapy visits for the right knee 2 visits per week for 6 weeks is not medically necessary. The California MTUS indicates controversy that exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercise after a hospital discharge for total knee arthroscopy typically results in small to moderate for the short term, but has no long term benefits. In the short term therapy interventions with exercise based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, will concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. With postoperative treatments 12 visits over 12 weeks. Per the clinical notes, the injured worker had postoperative physical therapy. The guidelines do not recommend physical therapy for the knee. The clinical notes do not indicate any special circumstances that would warrant additional therapy. The request is for 12 postoperative visits. The guidelines indicate 12 visits plus the additional visits that the injured worker has already completed exceeds the guidelines. As such, the request is not medically necessary.