

Case Number:	CM14-0120099		
Date Assigned:	08/06/2014	Date of Injury:	05/06/2012
Decision Date:	12/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Medicine and is licensed to practice in California. 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:

This 48-year old deputy sheriff reported a right knee injury after walking down a flight of stairs on 5/6/12. He has a history of multiple previous work-related injuries and surgeries as well as obesity, with a body mass index of 33. Currently he is being followed for gastritis, constipation, hemorrhoids and sleep apnea which are presumed to be work-related. He underwent an arthroscopic meniscal repair on 10/4/13. He continued to have pain and limited knee range of motion despite postoperative therapy followed by steroid and Synvisc knee injections. He has received a total of 22 postoperative physical therapy (PT) sessions. He has been referred to a pain specialist for ongoing management of his pain medications, which include Norco 10 twice per day. His primary treater requested an additional 12 PT visits on 7/14/14 without an accompanying explanation, and the available records does not contain a concurrent progress note or other document with a rationale for the additional therapy. A pain management consultation dated 6/20/14 notes that the patient has pain, swelling and limited mobility of his right knee. Exam findings include joint line tenderness and soft tissue swelling, and mild weakness of all knee, ankle and great toe motions. The pain specialist requested authorization for 6 acupuncture visits for the patient's back pain, and recommended that he follow up with his surgeon for another Synvisc injection of his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, Functional Improvement Page(s): 9, Postsurgical Treatment Guidelines Page(s): 12;24.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination. The post-surgical treatment guidelines state that in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period, and that treatment is provided to patients to facilitate postsurgical functional improvement. 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 than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion of the joint. The recommended number of post-surgical physical therapy (PT) treatments for knee meniscal repair is 12 visits over 12 weeks. The clinical documentation in this case does not support the provision of additional physical therapy. He has already had 22 post-surgical visits with no documented significant improvement in function. His status remains totally disabled, which implies profound inability to function. He should have been instructed in, and be capable of performing exercises at home. There are no functional goals documented for the additional therapy, and there is no documentation regarding why additional therapy is likely to be more helpful than the initial 22 visits. Based on the evidence-based guidelines cited above and the clinical documentation provided for my review, physical therapy two times a week for 6 weeks is not medically necessary. 12 sessions of physical therapy are not medically necessary because there is no documentation of significant functional improvement in response to the therapy he has already received, because he has far exceeded the number of PT visits recommended for the surgery he had, and because there is no documentation of a specific functional goal that could not be accomplished with home exercise, or of another compelling reason for additional physical therapy. The requested treatment is not medically necessary and appropriate.