

Case Number:	CM14-0146525		
Date Assigned:	09/12/2014	Date of Injury:	12/09/2011
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old female with a work injury dated 12/9/11. The diagnoses include history of left knee arthroscopic surgery in March 2013 with persistent left knee pain and left knee status post revision diagnostic and operative arthroscopy with medial and lateral meniscectomy partial with debridement and chondroplasty of the left knee on April 25, 2014 with notable advanced osteoarthritis. Under consideration is a request for additional postoperative physical therapy twelve (12) sessions to the left knee. There is a primary treating physician report dated 8/5/14 that states that the patient presents to the clinic for an orthopedic re-evaluation with regard to her left knee. The patient is status post left knee diagnostic and operative arthroscopy on April 26, 2014. She is here with her husband today. The patient continues to have pain and discomfort and continues to ambulate with a cane. She states that she feels much better after the revision surgery than she did after her initial surgery. She does, however continue to have pain. She continues to make slow and steady progress. She has completed her first round of physical therapy and is requesting more today. Physical exam findings of the patient today show that she is ambulating with a cane. The left knee shows she has well healed arthroscopic portals. She has trace effusion. Her mobility is 0 to 90 degrees with patellofemoral crepitation and patellofemoral grind. There is tenderness to the lateral and medial compartment as well as the patellofemoral compartment. The treatment plan states that she has completed 12 visits of physical therapy which were beneficial but there is a request for 12 more sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy, twelve (12) sessions to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Additional postoperative physical therapy for twelve (12) sessions to the left knee is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 12 visits post patient's surgical condition. The documentation indicates she has had 2 knee surgeries. She should be competent in a home exercise program at this point. The request for additional 12 supervised sessions is not medically necessary.