

Case Number:	CM14-0149467		
Date Assigned:	09/18/2014	Date of Injury:	09/07/2013
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopaedic Surgery 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 39-year-old female sustained an industrial injury on 9/7/13. Injury occurred when the patient as walking up stairs and her right knee suddenly popped and gave out. She underwent right knee arthroscopy with synovectomy and abrasion arthroplasty of medial femoral and lateral femoral condyle lesions on 5/14/14. The 8/25/14 treating physician report indicated the patient continued to be symptomatic following surgery. She reported right knee pain with popping, grinding and catching. She had completed 16 of 20 authorized post-op physical therapy visits. She continued with a home exercise program and activity modification. She attempted to return to work but had difficulty with even half-day work secondary to on-going right knee pain. Gradually worsening symptoms were reported with prolonged standing and walking. Increased stiffness was reported with prolonged sitting. Right knee exam documented marked tenderness over the medial and lateral femoral condyles, positive swelling and effusion, and crepitus with range of motion. The treating physician opined that the patient had failed arthroscopy and all conservative treatment post-operatively and was a prime candidate for an autologous chondrocyte implantation procedure. Authorization was requested for 1st stage arthroscopy with hyaline cartilage biopsy and subsequent 2nd stage right knee arthrotomy with autologous chondrocyte implantation or Carticel procedure about the right medial and lateral femoral condyle. The surgical request was denied in utilization review on 8/28/14 based on the presence of defects of the medial and lateral femoral condyles, which exceeds guideline criteria of a single lesion. The 8/29/14 utilization review denied the request for post-op physical therapy 3 times 4 as the associated surgery was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines suggest a general course of 12 post-operative visits over 12 weeks during the 4-month post-surgical treatment period for this surgery. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations should surgery be approved. However, there is no compelling reason to support the medical necessity of an initial post-op physical therapy request in excess of guideline recommendations. Therefore, this request is not medically necessary.