

Case Number:	CM14-0163848		
Date Assigned:	10/08/2014	Date of Injury:	12/04/2004
Decision Date:	11/07/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 58-year-old male with a date of injury of 12/4/2004. The mechanism of injury was not documented. Past medical history was positive for gastroesophageal reflux disease, obesity, and hypertension. Past surgical history was positive for left knee arthroscopy, date not specified, and lumbar decompression surgery for an L5/S1 disc protrusion in 2009. The last physical therapy for the low back was approved in February 2013 for 9 sessions with no objective evidence of functional improvement with treatment provided. The injured worker underwent right knee arthroscopic subtotal medial meniscectomy, chondroplasty of the medial compartment and trochlea, tricompartmental synovectomy, and removal of chondral loose bodies on 3/17/14. Physical therapy was provided for 12 post-operative visits. There was no documentation of objective measurable functional improvement with post-op physical therapy treatment. The 9/24/14 treating physician report cited continued bilateral knee stiffness and discomfort post-arthroscopic surgery to both knees, and on-going low back pain with radiation of pain into his legs. The injured worker was approaching maximum medical improvement but should undergo a physical therapy program for both his back and knees prior to being released to permanent and stationary status. Right knee exam documented healed arthroscopic portals, flexion 100 degrees, and full extension. There was minimal swelling and no pain. Thoracolumbar exam documented diffuse tenderness with limited range of motion. The treatment plan recommended physical therapy 3x4. He was capable of modified work, avoiding prolonged weight bearing, bending, stooping, and lifting. The 10/1/14 utilization review denied the request for additional right knee physical therapy as there was no indication that further treatment would be beneficial over a home exercise program. Physical therapy for the lumbar spine was denied as there was no evidence of an acute exacerbation of low back pain or recent change in function,

and there was a lack of objective measures of pain relief and functional improvement with the prior physical therapy in early 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-op physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines would apply. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that injured workers are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The injured worker completed the recommended post-surgical number of physical therapy visits. There were no objective measures of functional improvement documented with post-op therapy. There is no specific functional deficit or functional treatment goal provided for this request. Guidelines do not support treatment solely for pain. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve further rehabilitative goals. Therefore, this request for 12 post-op physical therapy sessions for the right knee is not medically necessary.