

Case Number:	CM14-0166608		
Date Assigned:	10/13/2014	Date of Injury:	06/25/2009
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 48 -year-old male janitor sustained an industrial injury on 6/25/09. Injury occurred while he was moving a heavy rolling chair and his shoe cover got caught under the wheel. He hyperextended his left knee trying to pull it out. Past surgical history was positive for left knee diagnostic arthroscopy and patellofemoral chondroplasty on 3/4/10, and left arthroscopy with chondroplasty of the patellofemoral joint and lateral retinacular release on 1/4/12. The patient underwent left total knee arthroplasty on 8/13/13 and left knee arthroscopic lysis of adhesions and manipulation on 6/24/14. The 9/22/14 treating physician report indicated that the patient reported he was still making good progress in therapy although it was getting harder. He was discouraged about the motion he had attained. Physical exam documented left knee flexion to about 70-80 degrees with a 10-degree lack of full extension. Residual pain was causing quite a few psychological issues for him. The treatment plan recommended additional physical therapy, referral to a joint replacement specialist, and psychological treatment. The 9/30/14 physical therapy note indicated the patient had completed 27 post-operative physical therapy visits following the 6/24/14 surgery. Subjective complaints included constant grade 5/10 medial, lateral, suprapatellar, and infrapatellar pain with mild to moderate swelling and warmth. Left knee range of motion was -2 to 95 degrees with 4/5 muscle strength. Lower extremity gait was reported unsteady with slow cadence and antalgic gait pattern lacking terminal knee extension and lack of full weight bearing on the left leg. He was using a single point cane. The patient had made gains throughout treatments mainly with swelling and range of motion management. Functionally, the patient remained very limited relative to prolonged activities including walking, sitting, driving, or standing. There was residual swelling, warmth, and reduced range of motion after activities. The patient appeared to have plateaued with physical therapy. The patient

was to continue his home exercise program. The 10/3/14 utilization review denied the request for continued physical therapy 2x6 for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) post-operative physical therapy sessions for left knee: Upheld

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for knee manipulation under anesthesia suggest a general course of 20 post-operative physical medicine visits over 4 months, during the 6-month post-surgical treatment period. 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 period. Guideline criteria have not been met. The patient has made slow post-operative progress in physical therapy relative to swelling and range of motion. He completed 27 post-op visits. Current range of motion remained limited to -2 to 95 degrees. The physical therapist reported that the patient appeared to have plateaued. The treating physician has requested referral to a knee joint specialist. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request for twelve (12) post-operative physical therapy sessions for left knee is not medically necessary and appropriate.