

Case Number:	CM14-0171349		
Date Assigned:	10/23/2014	Date of Injury:	05/20/2004
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 is a 60 year-old female with a 5/20/04 date of injury. The mechanism of injury was a trip and fall, impacting the left knee. The patient had had a prior industrial injury to the left knee on 4/19/99, and had a history of left total knee replacement. The patient injured her right knee on 02/02/02. An MRI of the right knee on 9/12/13 that revealed a complex tear of the body of the medial meniscus with extrusion of the meniscus, and resultant grade III to IV chondromalacia of the medial compartment. A full-thickness cartilage loss of the apex of the patella was noted, as was evidence of a low-grade sprain of the anterior cruciate ligament (ACL), and a low-grade partial thickness tear of the tendon of the medial head of the gastrocnemius. The patient was most recently seen on 5/5/14 with complaints of right knee medial joint line pain with intermittent subluxation of the patella. She was also reporting some pain in the left knee. Exam findings revealed medial joint line pain of the right knee, and patellar apprehension with lateral subluxation of the patella. McMurray's sign was positive along the medial joint line. There was 2+ patellofemoral crepitus. There was also restricted range of motion in flexion in both knees, 120/135-degrees on the right, 110/135-degrees on the left. In the UR report of 9/23/14, mention was made of a clinical letter dated 9/13/14 (not included in the medical records provided), that discussed a proposed arthroscopic meniscectomy and debridement of the right knee, and an arthroscopic lateral release. Requests were submitted for the surgery, for postoperative medication, and for postoperative physical therapy..The patient's diagnoses included: 1) Left knee TKA. 2) Right knee - medial compartment OA and meniscal tear with history of patellar dislocation/subluxation.The medications included Celebrex, Ultracet.Significant Diagnostic Tests: MRI, right knee; X-rays, bilateral knees.Treatment to date: Total Knee replacement x 2, left knee, knee brace, medications.An adverse determination was received on 9/23/14 due to the requested 12 visits exceeded the guidelines recommendations of an initial course of therapy of 6

visits. Also, the corresponding surgical procedure was not medically warranted at that time. As such, postoperative physical therapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post op physical therapy 12 visits 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that an initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The guidelines recommend postsurgical physical therapy at 12 visits over 12 weeks. However, the requested 12 visits exceeded the guidelines recommendations of an initial course of therapy of 6 visits. Therefore, the request for Associated Surgical Service: Post op physical therapy 12 visits 2x6 is not medically necessary.