

Case Number:	CM14-0182164		
Date Assigned:	11/07/2014	Date of Injury:	09/14/2013
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 41-year-old male police officer sustained an industrial injury on 9/14/13. Injury occurred when he twisted his right knee running down stairs at work. He underwent right knee anterior cruciate ligament reconstruction and medial and lateral meniscectomies on 3/21/14. Post-operative physical therapy was initiated on 4/18/14 with 30 post-op visits approved. The 9/26/14 physical therapy progress report cited some progress in range of motion and strength. There was residual right knee pain with retroapatellar crepitus with patella compression and squatting motions. Pain limited his ability to squat and manage stairs. He was unable to perform higher level activities like jumping or running because of pain. Physical exam documented mild to moderate muscle tightness and tenderness, mild swelling, active range of motion 0-139 degrees, and 4 to 4+/5 right lower extremity strength. Additional physical therapy was recommended for 8 to 10 visits. The 9/30/14 treating physician report cited excellent progress in physical therapy relative to range of motion but some continued limitation in knee strength and intermittent instability. Flexion strength was 4/5 and extension was 4+/5. Occupational requirements would be consistent with Class 4 arduous work, requiring full knee function. Physical exam documented well-healed arthroscopic portals. Range of motion was 0-125 degrees flexion with 4/5 strength and stable Lachman and anterior drawer testing. The treatment plan recommended 12 work conditioning physical therapy sessions to restore him to baseline function, stability and strength. He remained off work until he finished work conditioning. The 10/9/14 utilization review denied the request for additional physical therapy and work conditioning as the patient had exceeded the number and time frame for post-procedure physical therapy, and there was no reason why a home exercise program would be insufficient for further gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have been met. There were minimal improvements noted in range of motion and strength over the last course of physical therapy visits. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program and progression to work conditioning. Therefore, this request is not medically necessary.

Work Conditioning times 12 for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The California MTUS guidelines recommend work hardening/conditioning programs as an option and provide specific criteria for admission. Admission criteria includes: work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; after an adequate trial of physical or occupational therapy with improvement followed by plateau; a documented specific job to return to with job demands that exceed abilities; and the worker must be no more than 2 years post date of injury. Guidelines generally support 10 work conditioning visits over 8 weeks. Guideline criteria have been met. This patient has completed the general course of post-surgical treatment with residual functional limitations precluding safe return to his normal work duties as a police officer. This request mildly exceeds guideline recommendations but seems reasonable given the level of job performance required. Therefore, this request is medically necessary.