MAXIMUS Federal Services

Case Number:	CM14-0184808		
Date Assigned:	11/12/2014	Date of Injury:	02/22/2012
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 Minnesota. 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 56 year old male with a history of work related injury on 2/22/2012 primarily to the left knee. The worker underwent an anterior cruciate ligament reconstruction on 4/20/2012. A subsequent arthroscopy was performed on 7/16/2014 for recurrent meniscal tears. Partial medial and partial lateral meniscectomies were performed with synovectomy and chondroplasty of the trochlea for grade 3-4 chondromalacia. Physical therapy was started on 7/28/2014. 12 sessions were authorized. The initial assessment of 7/28/2014 documents deficits in lower extremity strength, left knee range of motion, balance, gait, and functional mobility. The worker had right foot pain due to a spur in the MTP joint of the great toe and impacted fracture. On 9/10/2014 the PT notes indicate completion of 10 out of 12 post-op sessions. He was 6 weeks post-surgery. Range of motion was 0-136 degrees. Knee pain was less. He still had pain in the great toe. The disputed request pertains to an additional 8 physical therapy sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical Therapy for the left knee x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25, 10, 11.

Decision rationale: The Post-surgical treatment guidelines recommend 12 visits over 12 weeks for meniscectomy on page 24 and the same number for shaving of chondromalacia on page 25. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 6 sessions and with documentation of objective functional improvement a subsequent course of therapy consisting of additional 6 sessions may be prescribed within the above parameters. If it is determined that additional functional improvement is likely, it can be further extended but not beyond 6 months. The worker has completed 12 sessions. Documentation of continuing objective functional improvement is not provided. Therefore, transition to a home exercise program is recommended. The requested 8 additional sessions exceeds the guidelines and are not medically necessary.