

Case Number:	CM14-0186167		
Date Assigned:	11/14/2014	Date of Injury:	10/17/2013
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 New York. 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 patient is a 59-year-old with the date of injury of October 17, 2013. The patient has chronic right knee pain. The patient has taken anti-inflammatory medications. The patient had knee surgery. The patient was diagnosed with meniscal tear in the left knee and had arthroscopic surgery with partial lateral meniscectomy 2009. The patient the patient was authorized 33 postoperative physical therapy visits. The medical records document that the patient completed 32 of the 36 postoperative visits. The patient had right knee arthroscopy on April 17, 2014. The patient continues to have knee pain. MRI of the right knee from February 2007 showed complex tear of the medial meniscus. The patient has had postoperative physical therapy. Physical therapy report from September 2014 revealed swelling of the left knee. On physical examination the patient had pain with bilateral heel raise. There was tenderness to the iliotibial band and medial knee bilaterally. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy 2 Times a Week for 6 Weeks to The Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The medical records do not document exactly how much physical therapy the patient has had after left knee arthroscopy surgery. The patient exhausted physical therapy after right knee arthroscopy surgery. It is unclear why the patient can't be transitioned to a home exercise program at this time. The medical records do not substantially document the amount of physical therapy the patient has had after the most recent surgery. Additional physical therapy is not medically necessary and criteria not met.

Resistance Chair Exercise and Rehabilitation System with Exercise Cycle Smoothrider II:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: DME

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The medical literature does not support the utility of this device at the knee surgery. There is no medical literature that shows that this device improves outcomes after knee surgery. This device is experimental. Guidelines do not support the use of this experimental device.