

Case Number:	CM14-0214762		
Date Assigned:	01/07/2015	Date of Injury:	10/16/2013
Decision Date:	03/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 worker is a 52-year-old male with an original industrial injury on October 16, 2013. The patient developed chronic knee pain and failed conservative treatment. The patient had sustained a fracture of his tibia in addition to the right knee injury. He subsequently underwent right knee arthroscopy on August 5, 2014. The operation performed was a medial meniscectomy, three compartment synovectomy, and chondroplasty. The patient was authorized 12 postoperative therapy treatments. The disputed issue is a request for an additional six sessions of postoperative physical therapy. According to a utilization review determination on November 17, 2014, the patient was denied the additional physical therapy visits because he had only attended three out of the original 12 sessions of postoperative physical therapy visits that were authorized. The reviewer felt that these visits should be completed prior to any additional authorizations.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional six sessions of postoperative physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, web-based version, knee chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Code of Regulations on pages 24-25 specify the following regarding post-operative physical therapy for the knee: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks.* Postsurgical physical medicine treatment period: 4 months. In the case of this injured worker, the patient was authorized for 12 sessions of physical therapy (which follows the post-op guidelines) as documented in a progress note on August 18, 2014. A follow-up note on November 3, 2014 indicates that the patient has had benefit from physical therapy, but is now getting a lot of pain and stiffness now that it is being discontinued. This note indicates that the patient only have three sessions of physical therapy authorized. However, the physical therapy notes indicate that the patient had at least eight treatment visits completed according to a note from September 18, 2014. There seems to be some discrepancy between what the physical therapy notes indicate versus what the requesting provider is reporting. Without further clarification of how many physical therapy sessions had been attended, additional therapy is not warranted at this time.