

Case Number:	CM14-0218730		
Date Assigned:	01/08/2015	Date of Injury:	05/13/2011
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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

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 54 year old female who sustained a work related injury on May 13, 2011. The documentation noted that she had stepped down some steps and her knee popped. The documentation noted on the Preoperative History and Physical examination on July 1, 2014 the injured worker in the past had tried physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS) unit but continued to have pain and instability. The documentation noted that she had prior patellobial realignment in 2003. September 16, 2014 the injured worker had a diagnostic and operative arthroscopy of the left knee with a subcutaneous lateral release, a patelloplasty, a partial medial meniscectomy, a partial synovectomy, also an arthrotomy of the left knee with medial capsular reconstruction and removal of loose bodies with intraarticular injections. PR2 dated 9/25/14 noted that the injured worker was seen for initial post-operative examination of her left knee. The documentation noted that she was having pain with swelling to the left knee, anterior tenderness, swelling and stiffness to the knee, as well as limited range of motion and a limping ambulation. X-rays were taken of the left knee and left tibia (two views) showing that the incision was healing well. PR2 dated November 6, 2014 noted that the injured worker had worsening pain to the left knee. X-ray was taken of the left knee (three views) and left tibia (two views) show no increase of osteoarthritis. December 4, 2014 Orthopedic Consultation noted that the injured worker developed a suture granuloma about the medial aspect of her left knee. The granuloma was quite severe and was nearly penetrating the skin. X-rays of the left knee (three views) and tibia (two views) show no degenerative changes. The injured worker was with diagnosis of suture granuloma of the left knee with early infection. There was

no documentation of conservative treatment for the purpose of the suture abscess documented. According to the utilization review performed on December 22, 2014, CA MTUS did not support the request for post-op physical therapy 3x4/12 sessions. CA MTUS postsurgical rehabilitation guidelines would not support physical therapy as the role of operative intervention has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x 4 (12 sessions): Upheld

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

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

Decision rationale: The request for post-op physical therapy 3 x 4 (12 sessions) is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 12 visits of postop physical therapy following meniscectomy. The clinical documentation submitted for review indicated the treating physician would like to perform a removal of the suture of the granuloma from the left knee due to suture granuloma of the left knee with early infection. There was no documentation of conservative treatment for the purpose of the suture abscess documented. Additionally, the request as submitted does not specify a specific body part for physical therapy. Given the above information, the request is not supported by the guidelines. As such, the request for post-op physical therapy 3 x 4 (12 sessions) is not medically necessary.