

Case Number:	CM15-0066320		
Date Assigned:	04/14/2015	Date of Injury:	12/02/2013
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 66 year old female who sustained an industrial injury on 12/2/13. The injured worker reported symptoms in the spine, left upper extremity and left knee. The injured worker was diagnosed as having cervical strain, degenerative disc disease, left shoulder rotator cuff strain/impingement syndrome, lumbar sprain/strain rule out herniated nucleus pulposus, left knee sprain/strain and medial meniscal tear of the left knee. Treatments to date have included knee surgery, medications, physical therapy, heat/ice, rest, home exercise program, activity modification, and knee immobilizer. MRI of the left knee on 6/10/14 showed tear of the posterior horn of the medial meniscus extending to the inferior articular surface, and chondromalacia patella. Currently, the injured worker complains of pain in the spine, left upper extremity and left knee. The injured worker had arthroscopic surgery to the left knee on 1/9/15 with partial medial meniscectomy and chondroplasty. The injured worker attended physical therapy (PT) from 2/11/15 to 3/16/15 for a total of 17 visits. Physical therapy treatments included bio-feedback, manual therapy, therapeutic activities, neuromuscular re-education, therapeutic exercise, ultrasound therapy, vasopneumatic device, E-stim, ice/heat, strapping/kinesiotaping, home exercise program, and aquatic therapy. Pain level per the PT progress report of 3/16/15 was 0/10 - 2/10. The physical therapist documented that the injured worker was using a WiiFit and going to the gym two times per week, but that she still has difficulty with prolonged walking, stairs, and work duties due to symptoms. At a visit with the physician on 3/20/15, the treating physician noted that the left knee was gradually improving, but that the injured worker had difficulty with raising from floor and with stairs. Examination showed left knee range of

motion of 0-115 degrees, with localized tenderness in the medial joint line, lateral portal with fading ecchymosis, nontender calf, and Homan's sign negative. Additional physical therapy was requested, and the treating physician recommended continuation of naproxen as needed and home exercises. Work status was noted as off work. On 3/31/15, Utilization Review (UR) non-certified the requests now under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy re-evaluation of the left knee: Upheld

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

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

Decision rationale: The MTUS post-surgical treatment guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines for postoperative physical therapy for derangement of meniscus and chondromalacia patella state that the recommended postsurgical treatment is 12 visits over 12 weeks, with a post-surgical physical medicine treatment period of four months. This injured worker was found to have tear of the posterior horn of the medial meniscus and chondromalacia patella of the left knee, and on 1/9/15 she underwent partial medial meniscectomy and chondroplasty. She completed 17 sessions of physical therapy from 2/11/15 to 3/16/15. A home exercise program was discussed, and the injured worker was noted to be going to the gym twice a week. The injured worker has already attended 17 visits of physical therapy, which is in excess of the maximum recommended in the MTUS, which is 12 visits. Work status remained off work as of 3/20/15. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. The documentation indicates that the injured worker was provided with a home exercise program. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, and that she has been instructed on a home exercise program and is currently exercising at a gym, the medical necessity for further physical therapy has not been established. As such, the request for post-operative physical therapy re-evaluation of the left knee is not medically necessary.

Post-operative vasopneumatic devices once a week for 4 weeks for the left knee: Upheld

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

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

Decision rationale: The request for post-operative vasopneumatic devices once a week for 4 weeks for the left knee is consistent with a request for a treatment modality provided during physical therapy. The MTUS post-surgical treatment guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines for postoperative physical therapy for derangement of meniscus and chondromalacia patella state that the recommended postsurgical treatment is 12 visits over 12 weeks, with a post-surgical physical medicine treatment period of four months. This injured worker was found to have tear of the posterior horn of the medial meniscus and chondromalacia patella of the left knee, and on 1/9/15 she underwent partial medial meniscectomy and chondroplasty. She completed 17 sessions of physical therapy from 2/11/15 to 3/16/15. This therapy included use of vasopneumatic device. A home exercise program was discussed, and the injured worker was noted to be going to the gym twice a week. The injured worker has already attended 17 visits of physical therapy, which is in excess of the maximum recommended in the MTUS, which is 12 visits. Work status remained off work as of 3/20/15. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. The documentation indicates that the injured worker was provided with a home exercise program. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, and that she has been instructed on a home exercise program and is currently exercising at a gym, the medical necessity for further physical therapy has not been established. As such, the request for post-operative vasopneumatic devices once a week for 4 weeks for the left knee is not medically necessary.

Post-operative electrical stimulation once a week for 4 weeks for the left knee: Upheld

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

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

Decision rationale: The request for post-operative electrical stimulation once a week for 4 weeks for the left knee is consistent with a request for a treatment modality provided during physical therapy. The MTUS post-surgical treatment guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines for postoperative physical therapy for derangement of meniscus and chondromalacia patella state that the recommended postsurgical treatment is 12 visits over 12 weeks, with a post-surgical physical medicine treatment period of four months. This injured worker was found to have tear of the posterior horn of the medial meniscus and chondromalacia patella of the left knee, and on 1/9/15 she underwent partial medial meniscectomy and chondroplasty. She completed 17 sessions of physical therapy from 2/11/15 to 3/16/15. This therapy included use of electrical stimulation. A home exercise program was discussed, and the injured worker was noted to be going to the gym twice a week. The injured worker has already attended 17 visits of physical therapy, which is in excess of the maximum recommended in the MTUS, which is 12 visits. Work status remained off work as of 3/20/15. The MTUS states that patients are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. The documentation indicates that the injured worker was provided with a home exercise program. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, and that she has been instructed on a home exercise program and is currently exercising at a gym, the medical necessity for further physical therapy has not been established. As such, the request for post-operative electrical stimulation once a week for 4 weeks for the left knee is not medically necessary.

Post-operative manual therapy techniques once a week for 4 weeks for the left knee: Upheld

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

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

Decision rationale: The request for post-operative manual therapy techniques once a week for 4 weeks for the left knee is consistent with a request for a treatment modality provided during physical therapy. The MTUS post-surgical treatment guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines for postoperative physical therapy for derangement of meniscus and chondromalacia patella state that the recommended postsurgical treatment is 12 visits over 12 weeks, with a post-surgical physical medicine treatment period of four months. This injured worker was found to have tear of the posterior horn of the medial meniscus and chondromalacia patella of the left knee, and on 1/9/15 she underwent partial medial meniscectomy and chondroplasty. She completed 17 sessions of physical therapy from 2/11/15 to 3/16/15. This therapy included use of manual therapy. A home exercise program was discussed, and the injured worker was noted to be going to the gym twice a week. The injured worker has already attended 17 visits of physical therapy, which is in excess of the maximum recommended in the MTUS, which is 12 visits. Work status remained off work as of 3/20/15. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. The documentation indicates that the injured worker was provided with a home exercise program. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, and that she has been instructed on a home exercise program and is currently exercising at a gym, the medical necessity for further physical therapy has not been established. As such, the request for post-operative manual therapy techniques once a week for 4 weeks for the left knee is not medically necessary.

Post-operative dynamic activities once a week for 4 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines partial medial meniscectomy and chondroplasty Page(s): 25.

Decision rationale: The request for post-operative dynamic activities once a week for 4 weeks for the left knee is consistent with a request for a treatment modality provided during physical therapy. The MTUS post-surgical treatment guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The guidelines for postoperative physical therapy for derangement of meniscus and chondromalacia patella state that the recommended postsurgical treatment is 12 visits over 12 weeks, with a post-surgical physical medicine treatment period of four months. This injured worker was found to have tear of the posterior horn of the medial meniscus and chondromalacia patella of the left knee, and on 1/9/15 she underwent partial medial meniscectomy and chondroplasty. She completed 17 sessions of physical therapy from 2/11/15 to 3/16/15. This therapy included use of therapeutic activities. A home exercise program was discussed, and the injured worker was noted to be going to the gym twice a week. The injured worker has already attended 17 visits of physical therapy, which is in excess of the maximum recommended in the MTUS, which is 12 visits. Work status remained off work as of 3/20/15. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. The documentation indicates that the injured worker was provided with a home exercise program. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS, and that she has been instructed on a home exercise program and is currently exercising at a gym, the medical necessity for further physical therapy has not been established. As such, the request for post-operative dynamic activities once a week for 4 weeks for the left knee is not medically necessary.