

Case Number:	CM13-0022586		
Date Assigned:	03/14/2014	Date of Injury:	05/26/2011
Decision Date:	09/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 41-year-old-female, who sustained an industrial injury on 05/26/2011. No mechanism of injury was mentioned. She was diagnosed with osteoarthritis of left patellofemoral joint and underwent arthroplasty on 2/11/13, followed by manipulations under anesthesia. She received physical therapy postoperatively. She continues to have pain and the sensation that her knee will give out. Physical exam of her left knee: there is a well-healed midline incision. Palpation reveals tenderness over the parapatellar region. Her range of motion to flexion is 120 degrees. There is mild pain with patellar extension. Strength is rated 3/5 with knee extension and 4/5 with knee flexion. She has negative McMurray's sign and anterior and posterior drawer tests. Varus and valgus stress tests are painless and stable. She does have an antalgic gait present in the hips. Medications: Atenolol, Hydrochlorothiazide, Ibuprofen, and Vicodin. On 02/11/2013 knee X-ray showed normal bony alignment. A prosthesis noted in the anterior distal femur about the patellofemoral joint space, Joint effusion and gas seen within the patellofemoral joint. Soft tissue swelling noted. Diagnosis are left knee contusion, left knee/leg sprain, S/P left knee arthroscopic chondroplasty of patella. Assessment and Plan: Additionally 12 visits of physical therapy to be requested to increase her strength. UR for the request of additional physical therapy for the left knee (12 sessions) Modified to 6 physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OTHER DISABILITY GUIDELINES (ODG), KNEE, PHYSICAL THERAPY.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.