

Case Number:	CM13-0037440		
Date Assigned:	12/13/2013	Date of Injury:	08/26/2009
Decision Date:	04/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 53 year old female with date of injury if 11/30/1987, 8/26/2009 and 7/30/2012. Original injury of the knee occurred in 1987 as a result of jumping off a bench and twisting her right knee. She underwent a right knee ACL repair and was declared permanent and stationary in 1990. In 1990, the patient bumped her knee on a desk corner resulting in severe pain. She underwent a second surgery for a right knee debridement and synovectomy. Her third injury occurred in 2009 while lifting 75 pound tables with two other co-workers. Arthroscopic surgery was performed in October 2009 under the future medical care provision related to the 11/30/87 incident. During surgery, a loose body, articular cartilage defect and fraying of the medial and lateral meniscus cartilages were discovered. An AME performed in November 2011 found the patient to be permanent and stationary. The primary treating physician's follow up consultation report dated 10/31/2012, found objective complaints to be tenderness of the right knee was noted about the medial and lateral joint lines. Very minimal tenderness was noted with the manipulation of the patella. Apley's test was negative and no instability of the knee was noted. Diagnoses: 1. History of the right knee anterior cruciate ligament disruption with right knee ACL reconstruction performed in 1990. 2. History of tight knee arthroscopy with synovectomy and debridement and chondroplasty performed in 1991. 3. History of arthroscopy of the right knee with excision of loose bodies and chondroplasty performed 10/9/2009. Right knee internal derangement-7/30/2012. 5. Left knee arthropathy secondary to compensatory overuse and chronic gait disturbance due to above diagnosis. As a result of the patient's compensatory overuse and chronic gait disturbance, she underwent removal of previous hardware and a total right knee replacement on 07/10/2013. The patient was authorized for, and she received 24 postoperative physical therapy visits. She has been instructed in the use of a home exercise program and, according to physical therapy reports, is compliant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Post-Op physical therapy (PT) to the Right Knee, two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical medicine treatment

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. In addition, the Official Disability Guidelines recommend 24 physical therapy visits over 10 weeks following knee arthroplasty. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy.