

Case Number:	CM13-0039935		
Date Assigned:	12/20/2013	Date of Injury:	08/17/2011
Decision Date:	05/15/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation 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 patient is a 51 year old female who was injured on 08/17/2001. The mechanism of injury is unknown. Prior treatment history has included 24 physical therapy sessions, of which the patient states did not help her. On 08/13/2012 she underwent right knee arthroscopy with chondromalacia of the patella, microfracture of the lateral trochlea, lateral release and excision of patella bone fragments. Medications are as follows as of 08/28/2013: Cyclobenzaprine 5 mg, Tramadol 50 mg, Gabapentin 100 mg, Ibuprofen 600 mg, Flexeril 5 mg. Diagnostic studies reviewed include x-ray of the right knee dated 08/28/2013 demonstrating no evidence of recent or old fracture or dislocation. Highly Complex Agreed Medical Re-Evaluation by [REDACTED] dated 08/28/2013 documented the patient to have complaints of swelling of both of her knees, right greater than left. She has increased pain to both knees with walking long distances, going from a standing to sitting position and vice versa. She has increased pain to the inside of the right knee and has difficulty ascending and descending stairs. She complains that she has pain and swelling of the right ankle that comes and goes. She notes that if she keeps her right leg elevated it alleviates her symptoms. Objective findings on examination of the right knee revealed a 2 inch lateral parapatellar scar. There is slight patellofemoral crepitation as well as restricted range of motion. Diagnoses: Status post operative arthroscopy right knee, with patellar chondroplasty, lateral release and excision of bone fragment, Cervical disc disease, Right shoulder tendinitis, Overuse syndrome, right upper extremity and Lumbar disc disease. Basilar arthritis both thumbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR RIGHT KNEE AND RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

Decision rationale: As per Chronic Pain Medical Treatment 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." In this case, this patient continues to have significant right knee pathology with frequent swelling and decreased mobility status post right knee surgery on August 13, 2012. As per the note dated 08/28/2013, the patient has completed 24 sessions of physical therapy which were not beneficial. Additionally, the guidelines recommend 9-10 visits for myalgia/myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. The request is for 12 sessions of physical therapy for the right knee and right ankle, which exceeds the guidelines recommendation. Therefore, the request is not supported by guidelines and is not certified as medically necessary.