

Case Number:	CM13-0041017		
Date Assigned:	12/20/2013	Date of Injury:	08/29/2011
Decision Date:	03/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 50-year-old female who reported an injury on 08/29/2011 due to a slip and fall that reportedly caused injury to the patient's bilateral hands and knees. The patient underwent surgical intervention to include left knee arthroscopy and right carpal tunnel release. These surgeries were followed by postsurgical physical therapy. The patient was most recently treated with medications and physical therapy. Physical findings included inability to ambulate unassisted, soft tissue swelling of the left knee with medial and lateral joint line tenderness, and effusion. Range of motion described as 0 to 100 degrees in flexion. Evaluation of the left knee revealed increased tissue swelling with medial and lateral joint line tenderness and patellofemoral crepitus with limited range of motion described as 0 degrees in extension and 100 degrees in flexion. The patient's treatment plan included continuation of physical therapy and evaluation by an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Section on Physical Therapy; Official Disability Guidelines, Section on Physical Therapy (Lumbar); and the California MTUS, Section on Post-Surgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine, page(s) 98-99. Page(s):.

Decision rationale: The clinical documentation submitted for review does indicate that the patient previously underwent 6 visits of physical therapy. California Medical Treatment Utilization Schedule recommends continued treatment should be based on documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient had a significant increase in functional capabilities or a decrease in symptomatology as it is related to the previous therapy. As such, the requested physical therapy 2 times a week for 3 weeks is not medically necessary or appropriate.

Referral to an orthopedic surgeon, [REDACTED] for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The American College of Occupation and Environmental Medicine recommends surgical consultations for patients who have exhausted all conservative measures. The clinical documentation submitted for review does not adequately address the patient's conservative treatment thus far. There is no indication that the patient has had injection therapy or has failed to respond to active therapy. Therefore, the need for surgical evaluation is not supported. As such, the requested referral to orthopedic surgeon, [REDACTED], for the right knee is not medically necessary or appropriate.