

Case Number:	CM13-0051355		
Date Assigned:	06/09/2014	Date of Injury:	11/23/2012
Decision Date:	08/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 injured worker is a 57-year-old female who reported injury on 11/23/2012. The mechanism of injury is unknown. The injured worker is status post bilateral knee arthroscopy. The injured worker complained of left knee pain, rating her pain at a 7/10. Range of motion was limited to pain. Physical examination dated 10/09/2013 revealed mild tenderness and a limping ambulation to the left knee. There was no documentation of range of motion or muscle strength. Diagnostics include x-rays; no MRIs can be done to her knees due to a pacemaker. The x-ray taken did reveal left knee and left tibia had increased osteoarthritis. The injured worker has diagnoses of pain in joint, lower leg, and other joint derangement, not elsewhere classified, lower leg. In the submitted documents, there was no past treatment included. Medications include hydrocodone/APAP 10/325 mg 60 tablets, cyclobenzaprine 7.5 mg 60 tablets, diclofenac sodium ER 100 mg 60 tablets, and pantoprazole sodium ER 20 mg 60 tablets. The current treatment plan is for physical therapy 3 times a week for 4 weeks. The rationale is so that the injured worker may regain strengthening and flexibility to her left knee. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of left knee pain. The injured worker rated her pain at a 7/10. She also stated that she continued to have limited range of motion with pain. California MTUS Guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Guidelines for physical therapy for derangement of meniscus; loose body in knee; Chondromalacia of patella; Tibialis tendonitis consists of 12 visits over 12 weeks. The submitted report had noted that the injured worker had completed 12 visits of physical therapy, but there was no documented evidence showing, in those 12 visits, whether the injured worker had had any improvement with functional deficits. The report lacked objective functional improvements with range of motion with prior physical therapy. There was no quantified evidence submitted in the report indicating why the injured worker would benefit from an additional 12 sessions of physical therapy instead of a home exercise program. Furthermore, as per guidelines the request exceeds recommended MTUS guidelines. As such, the request for Additional Physical Therapy 3 times a week for 4 weeks is not medically necessary.