

Case Number:	CM13-0051750		
Date Assigned:	06/09/2014	Date of Injury:	11/10/2010
Decision Date:	07/31/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery 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 claimant is a 59-year-old female injured in a work-related accident on November 10, 2010. The records available for review document multiple injuries, including the bilateral knees, and a diagnosis of knee chondromalacia. The claimant underwent bilateral knee arthroscopy on April 24, 2013, for purposes of meniscectomy and debridement. The physical therapy was provided as part of the claimant's rehabilitation. An April 28, 2014, progress report indicates chief complaints of bilateral knee pain, described as burning and greater on the left than the right, and mid- and low-back pain. The physical examination showed patellofemoral crepitation bilaterally, bilateral tenderness greater laterally than medially, positive McMurray's testing, and positive bounce testing. Bilateral radiographs; including weight-bearing views, showed osteophytes and spurring of the lateral compartment with joint space narrowing. This review request is for 12 additional sessions of physical therapy for treatment of bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY POST OPERATIVE 3 X PER WEEK X 4 TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, physical therapy for the bilateral knees would not be indicated. The records document that the claimant is over one year since undergoing bilateral knee arthroscopy. There is no documentation to indicate that the claimant has any acute clinical symptoms, acute exacerbation of pain, or change in clinical presentation. The records document that the claimant has already undergone a significant course of physical therapy post-operatively and that there is adequate strength and full range of motion to the knees. From the records, it is not clear why a transition to a home exercise program would not be appropriate. Absent acute change in clinical presentation or a rationale for the need for physical therapy versus home exercises, therefore the request is not medically necessary.