

Case Number:	CM13-0051877		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2011
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 34 year old female who had a work injury which involved a fall at work on 10/04/11. She injured her left knee and low back. She eventually underwent a left knee arthroscopy with partial meniscectomy for a meniscal tear on 1/19/12. Prior to her knee surgery she had 4 left knee PT sessions which did not help. Postoperatively she had 12 PT sessions per documentation. She continues to suffer from knee pain and is awaiting a left knee revision surgery. The patient had 10 PT visits documented between the dates of 6/26/13 and 8/29/13. There is a request for PT 1 x per week for 12 weeks (dates 10/4/13-1/4/14). Documentation reveals that patient did not get benefit from her post op PT. She also did not receive lasting benefit from aquatic therapy as well. On the date of her initial PT evaluation 6/26/13 the patient stated that she was unable to perform a home exercise program due to pain. On November 30, 2011 the patient underwent a lumbar spine MRI study which revealed straightening of the lumbar spine, which may be positional or related to spasm; degenerative face joint disease; hypertrophic changes of the face joints, along with ligamentum flavum redundancy at the L4-5 level, causing mild bilateral lateral recess narrowing. A 10/7/13 PR-2 Progress report indicated that most of the patient's complaints at this time on her left knee, as she is waiting for authorization for left knee revision surgery .She states that she recently was seen at another pain management office and had a spinal injection therapy. Since the injection she has ongoing headaches and nausea and vomiting. Her left knee has been improving with the physical therapy and acupuncture, which also helps with her headaches. Her medications help as well without adverse effects and preservation of her functional capacity. On physical exam of the left knee there is limited knee flexion and knee extension active range of motion secondary to pain. Patient is wearing a patella stabilizing brace. There is mild swelling noted. No allodynia or hyperesthesia

appreciated. No increased erythema noted. Inspection of the lumbar spine reveals no scoliosis. Straight leg raise on the right and left is negative. There is tenderness on lumbar paraspinals and tenderness on palpation of the lumbar facets and discs. There is decreased lumbar range of motion. Motor strength, sensation were intact bilateral upper and lower extremities. Deep tendon reflexes were intact. The treatment plan included scheduling physical therapy which has been helpful for patient's left knee pain and increasing her range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 TIME WEEK FOR 12 WEEKS FOR LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100, Postsurgical Treatment Guidelines.

Decision rationale: The request for physical therapy 1 time a week for 12 weeks left knee is not medically necessary per MTUS guidelines. Per documentation patient has had prior therapy (12 visits) for the left knee postoperatively which per documentation did not provide benefit. She had 10 visits of therapy between the dates of 6/26/13 through 8/29/13. Although the patient states she is getting some relief from this therapy there are no objective findings of functional improvement. Additionally patient is waiting for authorization for possible left knee revision surgery. Furthermore, the MTUS recommends up to 10 visits for this chronic condition. An additional 12 visits would exceed guideline recommendations. There are no extenuating circumstances indicating that an additional 12 visits are necessary.