

Case Number:	CM13-0055317		
Date Assigned:	04/25/2014	Date of Injury:	03/28/2001
Decision Date:	07/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 67-year-old female who reported an injury on 03/28/2001. The mechanism of injury was reported to be a fall. Per the clinical note dated 08/29/2013, the injured worker had a cortisone injection to her left knee in 07/2013. The injured worker stated the injection relieved her symptoms for 1 day. The injured worker also states her pain and swelling is worse than before the injection. Current pain level is 7/10. The injured worker states she takes hydrocodone 4 to 6 times a day for the pain. The injured worker had a left total knee arthroplasty on 05/05/2009. She had a knee manipulation on 06/19/2009. She had a left knee arthroscopic partial synovectomy on 08/20/2010. Upon examination, her left knee range of motion was 110 degrees. She had 3+ effusion, positive McMurray's sign, and a positive reverse McMurray's sign. She had 1+ crepitation at the joint line with flexion and extension. The physician had requested an arthroscopic synovectomy of the left knee along with therapy. However, there is no documentation of that surgery being done.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 3X4, KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POSTOPERATIVE PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The injured worker is a 67-year-old female who reported an injury on 03/28/2001. The mechanism of injury was reported to be a fall. Per the clinical note dated 08/29/2013, the injured worker had a cortisone injection to her left knee in 07/2013. The injured worker stated the injection relieved her symptoms for 1 day. The injured worker also states her pain and swelling is worse than before the injection. Current pain level is 7/10. The injured worker states she takes hydrocodone 4 to 6 times a day for the pain. The injured worker had a left total knee arthroplasty on 05/05/2009. She had a knee manipulation on 06/19/2009. She had a left knee arthroscopic partial synovectomy on 08/20/2010. Upon examination, her left knee range of motion was 110 degrees. She had 3+ effusion, positive McMurray's sign, and a positive reverse McMurray's sign. She had 1+ crepitation at the joint line with flexion and extension. The physician had requested an arthroscopic synovectomy of the left knee along with therapy. However, there is no documentation of that surgery being done.