

Case Number:	CM13-0058069		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2012
Decision Date:	05/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 patient is a 36 year old female who was injured on 10/15/2012 while working as a team member over a five-year period her job included repetitive movements, including stocking shelves, kneeling and climbing on ladders. Prior treatment history has included physical therapy, anti-inflammatory, home exercise program, acupuncture and Synvisc-1 injection. The patient underwent right knee arthroscopic microfracture of the lateral femoral condyle, right knee arthroscopic microfracture of the central trochlea focal cartilage defect and right knee two-compartment synovectomy on 06/04/2013. Her medications include Tramadol and hydrocodone. Diagnostic testing reviewed included MRI of the right knee dated 11/29/2013 revealing: 1) Oblique tear of the body of the lateral meniscus which extends to the tibial surface. 2) Joint effusion, prepatellar bursitis. 3) Tri-compartmental osteoarthritis. Progress note dated 11/11/2013 documented the patient to be doing well and is on modified duties at her job. She states however she has some intermittent numbness/swelling in the back of her knee with prolonged standing. She is unable to squat or walk upstairs as she did prior to the injury. She continues to take Tramadol and Norco as needed. She is here to receive her final PRP injection. Today is her last scheduled PT appointment. She has had 20\9 PT sessions so far and would like to have work hardening to obtain final kneeling and squatting capacity. Objective findings on exam of the right knee revealed minimally positive PF compression test. She has positive tenderness on palpation of the medial portal, medial retinaculum and lateral compartment. FAROM of bilateral knees symmetric. There is no obvious deformity, erythema or swelling present. Assessment: 1. Degenerative joint disease, tibia, patella 2. Osteochondritis dissecans 3. Patellofemoral syndrome Plan: Will request final PT for work hardening 1x/week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: CA MTUS detail recommended physical medicine for Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks
*Postsurgical physical medicine treatment period: 6 months Patient has already had over this amount and been trained on Home Based Exercises. It is my opinion that this additional physical therapy is not medically necessary.