

Case Number:	CM13-0063806		
Date Assigned:	05/12/2014	Date of Injury:	11/17/2011
Decision Date:	07/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 56-year-old male who has submitted a claim for cervical spine, thoracic spine, and lumbar spine degenerative disc disease status post cervical fusion at C5-C6 and C6-C7; bilateral carpal tunnel syndrome status post bilateral carpal tunnel release and right first extensor compartment release; and left knee chondromalacia status post left knee arthroscopy with excision of parameniscal cyst associated with an industrial injury date of November 17, 2011. Medical records from 2012-2014 were reviewed. The patient had constant left knee pain. The pain is aggravated by walking, standing, bending, twisting, stooping, squatting, kneeling, and walking on uneven ground. Physical examination of the left knee revealed 8cm medial parapatellar incision. There is parapatellar tenderness and decreased range of motion on the left knee. Patellar crutch test was positive. MRI of the left knee, dated August 1, 2012, showed injury with severe sprain and marked soft tissue edema lying superficial to the medial patellar retinaculum and extending over the patellar tendon. The retinaculum and medial patellofemoral ligament appear intact and low grade chondromalacia patella with chondral softening just lateral to the mid upper central patellar apex as well as throughout the peripheral lateral retro patellar facet. Focal tendinosis of the distal lateral quadriceps tendon at the superior patellar pole level with soft tissue edema throughout the quadriceps fat pad and chondral fissuring, central weight-bearing femoral lateral condyles as well as throughout the posterior weight bearing lateral tibial plateau. Official report of the imaging study was not available. Treatment to date has included medications, physiotherapy, physical therapy, activity modification, Synvisc injections, and surgeries to the shoulders, wrists, neck, right trigger finger, and knees. Utilization review dated November 12, 2013 denied the request for physical therapy to the left knee 2 times a week for 6 weeks because the submitted progress reports did not discuss and outline objective and functional gains of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO LEFT KNEE 2X6 WEEKS: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient had an unknown number of physical therapy sessions of both knees since 2012. However, there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. There is insufficient evidence or objective findings to prove the necessity for additional physical therapy for the left knee. Moreover, the patient should be well versed in a self-directed home exercise program by now. Therefore, the request for PHYSICAL THERAPY TO LEFT KNEE 2X6 WEEKS is not medically necessary.