

Case Number:	CM13-0069114		
Date Assigned:	01/03/2014	Date of Injury:	07/04/2007
Decision Date:	03/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 40 year old female with a date of injury on 07/04/2007. She had a right knee twist injury. The diagnosis was chondromalacia and reflex sympathetic dystrophy. Previous right knee therapy included physical therapy, medication, work restriction, assist device for ambulation, steroid injections, Synvisc injections and a home exercise program. She had four right knee surgeries (12/2007, 10/2008, 02/2009 and 11/2011). She had postoperative physical therapy and a spinal cord stimulator. In 05/2012 and 08/2012 she had nerve blocks. On 08/14/2013 she had 7/10 right knee pain with range of motion of 5 to 125 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the right knee with evaluation and re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Chapter on Knee Complaints

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

Decision rationale: It is unclear how many courses of physical therapy and how many visits the patient had over the years for her right knee and reflex sympathetic dystrophy. For reflex

sympathetic dystrophy 24 visits over 4 months and for chronic pain up to 10 visits of physical therapy is the maximum allowed. However, for continued physical therapy there must be objective documentation of improved ability to do activities of daily living which is not documented. Furthermore, multiple courses of physical therapy would have been provided that were not effective if the patient had four surgeries, placement of a spinal cord stimulator, and continues on opiates. In addition, at this point in time relative to the injury and surgeries, there is no objective documentation that continued formal physical therapy is superior to a home exercise program. By this point in time she should have been transitioned to a home exercise program. The request is non-certified.