

Case Number:	CM13-0072359		
Date Assigned:	01/08/2014	Date of Injury:	09/02/2010
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 62 year old female who was injured on 05/15/2011. She sustained an injury on 09/02/2010, when she stepped off the bus and twisted her left knee. The patient underwent facet joint injections in 12/2006; right knee meniscus surgery 12/2007; facet joint injections of the lumbar spine in 02/2010; and left knee arthroscopy/menisectomy in 11/2010. Diagnostic studies reviewed include Doppler ultrasound of her left lower extremity which was reported negative for DVT on 03/18/2011. Medical report dated 12/03/2013 states MRI shows multilevel lumbar degenerative changes and neuroforaminal stenosis likely contributing to sciatic symptoms. The patient was recommended for a total left knee in August 2012. The patient does not have cardiac issues that would contraindicate the surgery. Diagnoses include left knee arthritis. Consultation report dated 05/15/2011 documents the patient requires surgical repair of the left knee on 11/09/2010. She had a post-surgical complication of a left knee deep vein thrombosis involving the left peroneal vein below the knee. This was treated with Coumadin for several months. She eventually returned to usual work, without restriction, on 01/05/2011. The patient experienced a subsequent industrial injury on 03/20/2011. This subsequent injury temporarily aggravated her previously injured left knee. The patient reports impairment with any and all activities involving flexion of the left knee. Walking on uneven ground is problematic for her left knee. The patient reports that her left knee stiffens up after one hour of sitting. Impairment noted with various sexual positions affected by knee flexion. She reports that she awakens 3-4 times a night due to aching of her left knee. She has constant pain rating 3/10 in her left knee. This pain is increased in the evening time at least four times a week to an 8/10 pain level. She complains of persistent swollen left lower extremity below the knee. On review of systems, the patient is noted to have a heart murmur. She is slightly overweight with a BMI of 27.9. The left lower extremity below the knee is edematous in appearance. The reflexes were judged at 2/4 bilateral patella and Achilles

tendon. Her sensation is reportedly diminished throughout the left lower extremity below the knee. The patient complained of increased pain at end-range of extension and flexion. There is no crepitus or locking elicited within her range of motion. She reports medial knee pain on palpation. There is minimal pain and medial collateral ligament laxity in valgus stressing. Anterior and posterior drawer signs are negative; distal pulses are 2+ bilaterally. Diagnoses is status post 11/09/2010 partial left medial meniscectomy for internal derangement for internal derangement of knee, NOS; and status post 11/09/2010 operative complication of DVT below the knee with residual edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR LEFT KNEE QTY 1: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended post-surgically for knee arthritis as 24 visits over 10 weeks, with post-surgical treatment period of 4 months. In this case, the medical records dated 12/03/2013 document that the patient was indicated for Left total knee surgery due to Arthritis. The medical records do not report if the surgery was performed or not. Therefore, the request for post-operative physical therapy for the left knee, quantity 18 is not medically necessary and appropriate.