MAXIMUS Federal Services

Case Number:	CM14-0000968		
Date Assigned:	01/22/2014	Date of Injury:	03/04/2013
Decision Date:	07/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Medicicne, 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 54 year old female who was injured on 03/04/2013 while she was carrying a large coffee urn when she twisted her right knee and felt immediate pain in her knee. Prior treatment history has included 8 sessions of physical therapy and medications without improvement of her symptoms. The patient underwent right knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of medial femoral condyle, lateral tibial plateau. Orthopedic note dated 11/15/2013 documented the patient with complaints of pain and discomfort in her lower back, which she attributes to favoring of her right lower extremity. The patient complains of increased pain and discomfort in her right knee with standing and walking activities. Objective findings on examination of the right knee reveal there is tenderness to palpation along the medial joint line. She has decreased range of motion of her knees. She complains of tenderness along the medial and lateral femoral condyle. She has no evidence of instability. She ambulates with a cane. Impression: 1. Status post right knee arthroscopy. 2. Right knee degenerative disease. 3. Right knee Grade 3-4 chondromalacia, medial femoral condyle; Grade 3 chondromalacia lateral tibial plateau and Grade 2-3 chondromalacia patellae. Plan: The patient needs further treatment to include physical therapy for strengthening and proprioceptive training to her right lower extremity along with stabilization exercises for her lower back. Progress note dated 02/04/2014 documented the patient with complaints of severe pain in the lower back. She states that her back pain is increasing. She states that she has back greater than knee pain. She is unable to ambulate more than five minutes due to her pain in her back and her knee. She has been placed on prolonged sitting activities. She also complains of pain with standing and walking. Objective findings on examination of the right knee reveal tenderness to palpation along the anteromedial and lateral joint line. She is non-tender along the posterior knee. She has no evidence of instability. On x-ray examination of the right knee there is narrowing of the medial compartment and patellofemoral joint with early osteophyte formation. Impression: 1. Right knee degenerative

disease. 2. Lumbosacral spine degenerative disease. Plan: She has degenerative pain in her right knee, which is unresponsive to arthroscopy and additional conservative care. She may require further treatment to include a knee arthroplasty presently or in the future according to pain. UR report dated 12/05/2013 denied the request for physical therapy (2) time a week for (4) weeks for the right knee because the functional improvement made with previous PT sessions were not recorded to facilitate another set of therapy. Provided with 15 priory authorized PT sessions, there is no extenuating factor seen to substantiate PT beyond the 12 postsurgical treatments endorsed by the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: This patient is a status post right knee arthroscopy with partial medial/lateral meniscectomy and has been treated with 8 sessions of postoperative physical therapy. The Ca MTUS guidelines recommend that a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery with documentation of functional improvement. However, there is documentation that the patient has not had much improvement from the prior physical therapy treatment. Additionally, the patient has completed 8 sessions of PT so far and the request is for 2 x 4 weeks (8 sessions) of physical therapy for the right knee. This exceeds the guidelines recommendation of 12 visits over 12 weeks for meniscectomy. Thus, the request is not considered medically necessary.