

Case Number:	CM14-0006002		
Date Assigned:	03/03/2014	Date of Injury:	01/19/2010
Decision Date:	10/03/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 64-year-old female who sustained a work related injury on 1/19/2010 as a result of a door slamming into her left knee while she was helping a [REDACTED] passenger who had a heart issue. She subsequently underwent a left knee arthroplasty on 2/05/13. She apparently did well post operatively and has undergone a 24 previous sessions of physical therapy. Because of favoring her left knee, her right knee developed pain and progressively worsened and has been found to eventually be in need of athroplasty at some future date because of degenerative changes. In the past, she had some therapy to her right knee as well as steroid injection and is taking 1/3 tablet of Norco for pain management. On her PR-2 dated 12/19/13 the patient's right knee pain is now worse than her left. Her pain is described as moderate dull in character that worsens with activity and after sitting. She utilizes a cane for ambulation. On physical examination, her range of motion is slightly reduced (with flexion to 120 degrees), has palpable tenderness in the anterior and medial knee and PLICA. There is no effusion or crepitus and the joint is free of ligamentous laxity. No appreciable neurological deficits noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 SESSIONS FOR RIGHT KNEE PLICA AND ARTHRITIS:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical medicine treatment

Decision rationale: Physical therapy for knee issues is recommended with positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. For knee arthritis a total of 9 visits over 8 weeks is authorized. Although it is documented that the patient has had 24 previous physical therapy sessions, these were authorized to address the patient's rehabilitative training following left knee arthroplasty. The current request is to address the contralateral knee joint. The request is medically necessary and appropriate.