MAXIMUS Federal Services

Case Number:	CM14-0017555		
Date Assigned:	04/18/2014	Date of Injury:	06/13/2011
Decision Date:	06/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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 Medicine 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 has filed a claim of right knee, lower back, left wrist and right foot pain associated with industrial injury date of 06/13/2011. The treatment to date includes x-ray of the right knee which showed slight osteoporosis of the patella with punctate areas and the rest of the knee appear to have some slight disuse atrophy of the bone. MRI (magnetic resonance imaging) of the right foot was done which showed very large and hard fat pad. Right knee arthroscopy was done in September 2013. Right knee manipulation under anesthesia was done in December 2013. Little benefit was observed from this procedure. Physical therapy 3 times a week was also done. Toradol injection was given on January 2014 on her right knee. Medications include Tylenol, Flexeril 7.5 mg once a day, and Prilosec 20 mg twice a day. The medical records from 2012 to 2014 were reviewed which showed persistent low back pain which is moderate to severe in intensity. She describes the pain as intermittent, dull, aching and occasional sharp and stabbing depending on her activity level. She complains of stiffness, tightness and muscle spasm in the paralumbar musculature. Low back symptomatology is aggravated by weight-bearing activities, walking, standing, ascending and descending steps and attempting to kneel or squat. The right knee is in constant and severe pain. She continues to note swelling, popping, clicking, stiffness and tightness. There's also weakness with frequent giving way, which causes her to lose her balance and fall. Her right knee symptoms are aggravated by colds. With regards to activities of daily living, patient has severe impairment in doing self-care and personal hygiene, sleep and sexual function. Physical examination of the lumbar spine showed non tender to direct palpation. Straight leg raise was negative bilaterally. Deep tendon reflexes of knees and ankles were +2. Manual Muscle Testing (MMT) of the posterior tibialis, anterior tibialis, extensor hallucis longus and gastrocnemius were 5/5 bilaterally. Quadriceps and Hamstrings muscles MMT were 3/5 on the right and 5/5 on the left. Lachman's sign, anterior drawer sign and McMurray's test were

negative. The knees were stable to valgus and varus stress. The patellofemoral joint was 2+ tender on the right. The utilization review dated January 20, 2014 denied the request of additional physical therapy. No available data in the medical records reviewed as to the reason why it was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TIMES 18 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the CA MTUS Post-Surgical Treatment Guidelines, Section manipulation under Anesthesia (knee), post surgical physical therapy is recommended for 20 visits over 4 months. In this case, the patient has been doing physical therapy 3x a week since 2013 for her right knee and already into home exercise program. The total number of sessions completed was not indicated. In addition, no benefit was noted on her physical therapy sessions. Therefore, the request of 18 sessions of physical therapy is not medically necessary.