

Case Number:	CM14-0112439		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2008
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 53 year-old female who was injured on 09/12/08 when she was kicked in the right knee by a student. As a result of this and other injuries, the injured worker has undergone two surgeries to the right knee, to include an arthroscopy on 08/05/09 and an arthroplasty performed on 04/10/12. The injured worker has also undergone four left knee surgeries. The injured worker completed a course of post-operative physical therapy immediately following the right knee arthroplasty in 2012 but has not participated in formal physical therapy since that time. An evaluation report by an Agreed Medical Examiner dated 05/05/14 notes additional care may be of value. Physical examination on this date reveals the right knee range of motion is limited to 135/0 with pain at the extremes. No effusion is noted. The injured worker has pain in bilateral knees upon arising from a squat. Most recent clinical note dated 07/10/14 includes injured worker's complaint of worsening knee pain. This note indicates the injured worker is participating in a home exercise program and walks, bikes and stretches but is not progressing. It is noted she has persistent right adductor muscle pains. Physical examination of the right knee revealed range of motion restricted to 110 flexion with normal extension. Tenderness on palpation is noted at the medial joint line, patella, vastus medialis oblique and adductor muscles. Mild effusion is also noted. The injured worker is unable to perform a double stance squat or a single stance squat on either leg. The treating physician is recommending a course of physical therapy to address the injured worker's pain and to revise the home exercise program. The injured worker has recently received acupuncture which reportedly helped her knees, but further treatment has not been certified.

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 3 weeks, right knee and right thigh, QTY: 6.00:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Medicine Treatment.

Decision rationale: The injured worker is status post total knee replacement of the right knee. Records indicate the injured worker participates in a home exercise program. Despite this, records reveal a decrease in the injured worker's functional abilities as time progresses. An agreed medical evaluation report indicated that the injured worker would possibly require additional treatment in the future. Other modalities of treatment have recently been denied. California Medical Treatment Utilization Schedule guidelines for the treatment of chronic pain allow for 9-10 visits over 8 weeks for myalgia and myositis. Official Disability Guidelines allows for 9 visits over 8 weeks for arthritis of the knee. This request falls within applicable guideline recommendations. Based on this, Physical Therapy 2 times a week for 3 weeks, to total 6 visits is established as medically necessary.