

Case Number:	CM14-0113646		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2012
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56-year-old male who sustained an injury to his right knee on 08/14/12. The mechanism of injury is undisclosed. The records indicate that the injured worker underwent right knee surgery in 2003, left knee surgery on 07/13/13. The operation included operative arthroscopy, synovectomy and chondroplasty with micro fracture technique along the medial tibial plateau as well as medial femoral condyle following meniscectomy mostly medially and some laterally for derangement of the left knee. Postoperative medications included Norco and Tramadol. Plain radiographs of the left knee dated 04/26/10 reportedly revealed bony structures intact with no mineralization, no fracture or erosive destructive change; joint space normally maintained and no joint effusion or soft tissue abnormality. Physical examination noted scarring; tenderness to palpation in the medial joint line; range of motion restricted by pain in all directions; crepitus noted; muscle stretch reflexes one and symmetric in the bilateral lower extremities; muscle strength 5/5; heel and toe walking abnormal with reduced balance. It was noted that the injured worker's 10/15/13 right knee MRI findings included advanced osteoarthritis of the medial compartment with grade four cartilage loss, chronic degenerative changes and partial tear of the anterior cruciate ligament (ACL) with deep cartilage fissuring and extensive cartilage irregularity of the anterior compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 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): 25.

Decision rationale: The previous request was denied on the basis that the injured worker has already completed at least fourteen prior physical therapy visits in the chronic phase during 2013 through 2014, well in excess of the nine to ten visit course recommended in the guidelines. It was noted that the injured worker has failed physical therapy; nonsteroidal antiinflammatory drugs (NSAIDs) and conservative measures. The California Medical Treatment Utilization Schedule (MTUS) recommends up to twenty four visits over sixteen weeks for the diagnosed injury not to exceed six months. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the California MTUS guidelines, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy three times a week for four weeks for the right knee is not medically necessary.