

Case Number:	CM14-0125815		
Date Assigned:	08/13/2014	Date of Injury:	06/16/2005
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 60-year-old female who was injured on 06/16/2005 when a stack of boxes fell on her head causing injury to her neck, back and legs and subsequently disabling her. She complained of back, neck, shoulder, knee and arm pain. In regards to her right knee, she has pain with popping and clicking. She has the redevelopment of a meniscal tear, bucket-handle in nature. Since then she underwent a cervical fusion in 2008 and a right knee surgery. On exam, she had noticeable swelling on the right knee, most pronounced at the area of the prepatellar region. She has pain with direct palpation at the prepatellar region, medial joint and with patellofemoral compression. ROM of right knee is 0-135 degrees with pain. There is Positive bounce home test, McMurry's. The S/P right knee arthroscopy with partial medial and lateral meniscectomies were noted on 04/25/13. MRI of the right knee dated on 03/28/14 revealed residual or recurrent bucket-handle tear extending to the inferior free surface of the anterior horn of the lateral meniscus. She was prescribed methadone, Norco, Xanax, Cymbalta, Lyrica, Ibuprofen and Lidoderm patches. She is tapering off of medications and beginning to exercise. Diagnoses are right knee arthritis and right knee recurrent medial meniscectomies. The request for Physical therapy 3 x week x 4 weeks to right knee was denied on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xweek x 4weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes following arthroscopic surgery on 4/25/13, to demonstrate any benefit from therapy. Furthermore, the request for physical therapy is thought to be for post arthroscopic surgery, which (the arthroscopy) has not been authorized yet. Therefore, the requested physical therapy is not medically necessary according to the guidelines.