MAXIMUS Federal Services

Case Number:	CM14-0130771		
Date Assigned:	08/20/2014	Date of Injury:	11/04/1999
Decision Date:	09/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 59-year-old female who sustained an industrial injury on 11/4/99. She was working as a caregiver and the client fell on her. She was being treated for low back pain and bilateral knee pain. She was seen by the treating provider on 7/23/14. Her chief complaint is low back pain and bilateral knee pain. History of presenting illness stated that her case previously reached maximal medical improvement. She recently undergone left knee surgery on April 25, 2014. She stated that the surgery helped her to some extent. She still had pain to her left knee and also had pain to her right knee. She did complain of pain to her lower back radiating down to her legs. She had difficulty with sleeping. She took Voltaren, which did not help her. She occasionally took Vicodin which helped her with sleeping. Pertinent physical examination findings included antalgic gait, abnormal toe walk and heel walk, decreased motor strength bilaterally in lower extremities, crepitus with range of motion in bilateral knees, tenderness over the medial as well as lateral patella and joint line, tenderness over lumbar spinous processes, interspinous ligaments, sciatic notches and posterior superior iliac space, positive straight leg raising test in supine and sitting position and limited range of motion of lumbar spine. X-ray examination of the lumbar spine showed grade 1-2 spondylotic spondylolisthesis, L5-S1 with advanced degenerative disc. X-ray of the knees showed medial joint space narrowing with patellofemoral joint narrowing and osteophyte formation with no fractures. The diagnoses included L5-S1 spondylotic spondylolisthesis with radiculopathy; status post left knee arthroscopy with arthrosis and right knee internal derangement with arthrosis. In the discussion the provider noted that her symptoms have been persistent for a long period of time and her last MRI of the lumbar spine was a long time ago. She continued to have pain in her back with radiation to legs and hence an MRI of the lumbar spine was requested. The plan of care also included physical therapy to lumbar spine and both her knees. Her medications included

Anaprox, Prilosec as well as topical creams. Her prior treatments have included physical therapy, medications, acupuncture, back brace, weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for left knee, as a outpatient no frequency or duration specified: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations , Knee Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee, arthritis, tear of medial/lateral cartilage Page(s): 24.

Decision rationale: The employee was being treated for bilateral knee pain and low back pain. She was status post knee surgery in April 2014. She was not having physical therapy for months according to the progress notes. According to the guidelines, 24 visits of physical therapy are recommended over 10 weeks for postsurgical treatment of arthritis and 12 visits over 12 weeks are recommended after surgery for tear of meniscus. The employee had left knee surgery for internal derangement in April 2014 and had not had any Physical therapy since the surgery. The e request for physical therapy of knee is medically necessary and appropriate.