

Case Number:	CM14-0154937		
Date Assigned:	09/24/2014	Date of Injury:	10/28/2010
Decision Date:	12/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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:

This is a 47 year old female with a 3/8/11 injury date. A 7/18/14 follow-up indicated continued bilateral knee pain. Objective findings included right knee joint line tenderness and positive patellofemoral compression test. The left knee showed 90 degrees flexion and -5 degrees extension, medial and lateral joint line tenderness, positive patellofemoral compression test, and crepitus with range of motion. In a 2/4/14 note, bilateral knee range of motion was 0-135 degrees. Bilateral knee x-rays from 4/11/11 show 2 mm of joint space narrowing. The provider is planning on using Orthovisc injections. Diagnostic impression: bilateral knee arthritis. Treatment to date: bilateral knee arthritis, post-op physical therapy times 17 sessions (2013), cortisone injections, medications. A UR decision on 9/8/14 denied the request for physical therapy three times a week for six weeks for bilateral knee because there was no documentation of functional improvement after the previous 17 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconstruction finger volar plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48;270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and hand- cold packs, continuous passive motion(CPM), pain- antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 6, page 114

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there is a lack of documentation of current functional limitations that would require treatment, and there is no discussion or rationale that would help explain the necessity of physical therapy. The provider mentions using Orthovisc injections in the recommendations for future treatment. There is also a discrepancy in the reporting of left knee range of motion, with one of the two available measurements showing -5 to 90 degrees and the other showing 0 to 135 degrees. Finally, the patient has completed 17 physical therapy sessions in 2013 and there are no reports from that period and no reason given that explains why a home exercise program is not appropriate at this point. Therefore, the request for physical therapy 3 times a week for 6 weeks for bilateral knees is not medically necessary.