

Case Number:	CM14-0167542		
Date Assigned:	10/14/2014	Date of Injury:	10/25/2007
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine 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 57 year old female injured worker who sustained an injury on 10/25/2007. She sustained the injury due to fall with contusion of both knees. She reinjured in 10/2012 when her left knee gave away and she fell. The diagnosis includes status post bilateral total knee arthroplasty. Per the doctor's note dated 9/23/14, injured worker had complaints of intermittent left knee pain. Physical examination revealed ecchymosis about the anterior tibia on the left, no instability, no swelling, and walks with a mild limp on the left leg, left knee range of motion is 0-110 degrees and using a cane. The current medication list includes Pennsaid 2% solution, Norco and Motrin. She was declared Permanent and stationary on 7/15/14. She has had bilateral knee x-rays which revealed good post-operative appearance; left knee MRI dated 4/11/11 which revealed a lateral meniscal tear of the left knee and mild medial and lateral compartment arthrosis and moderate patellofemoral osteoarthritis. She has undergone right total knee arthroplasty on 6/20/12 and left total knee arthroplasty on 1/29/2014. She has had 24 physical therapy visits from 3/2014 to 8/14 for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 to Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The injured worker has had 24 physical therapy visits from 3/2014 to 8/14 for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. In addition, injured worker was declared Permanent and stationary on 7/15/14. The medical necessity of Physical therapy 2x4 to left knee is not established for this injured worker at this time; therefore, the request is not medically necessary.