

Case Number:	CM14-0021354		
Date Assigned:	05/07/2014	Date of Injury:	08/27/2009
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 New Jersey. 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 worker is a 63 year old female who injured both of her knees and right shoulder after falling on 8/27/09. She had been treated for her right shoulder, wrists and hands, and knees following her injury with physical therapy, surgeries, and oral medications, and since her injury has had chronic pain in these areas. She later reinjured her knees and shoulder on 8/10/10. Over the course of treatment she was diagnosed with carpal tunnel syndrome in both wrists, bilateral knee joint degeneration and arthritis, left knee meniscus tear and chondromalacia which required a left total knee arthroplasty, traumatic arthritis and meniscus tear of the right knee, right shoulder degeneration which required an acromioplasty, and basal joint arthritis of both thumbs. She later On 12/13/13, she was seen by her orthopedic physician complaining of her left knee still causing her pain, but this time it was worse and focused more on the medial aspect of the knee, and had been gradually worsening over 6-7 weeks. On examination, no erythema was seen on her left knee, flexion was 110 degrees, extension was to neutral, but there was tenderness over the pes anserine bursa. She was diagnosed with pes anserine bursitis (new diagnosis) and was recommended Mobic and ice to the knee. Later, on 1/3/14, the worker was seen again by her physician complaining of her left knee still being sore and worsening, but had also stopped the Mobic 2 days prior as she thought that she was getting an allergic reaction as she was getting itchy skin. Examination was similar to the last encounter and the diagnosis of bursitis was confirmed for which she was prescribed topical Voltaren and physical therapy for her left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT KNEE 2 TIMES A WEEK TIMES 4 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS ACOEM Guidelines state that for an acute injury of the anterior knee or ligament strain (such as pes anserine bursitis/tendonosis), passive modalities or manipulation (supervised physical therapy) without an exercise program is not recommended, whereas home exercises were recommended. In the case of this worker, the knee pain that was different and new over the prior weeks might be considered acute and was diagnosed as pes anserine bursitis/tendonosis with effusion with inflammation and mild effusion. Passive physical therapy sessions is not recommended here and the worker should have knowledge of how to do knee exercises since having had multiple sessions for her knee in the past, according to the notes provided. Since there would seem to be no advantage in this case for supervised physical therapy over basic home exercises, the physical therapy for the left knee 2 times a week times 4 weeks is not medically necessary. Even if her knee pain were considered a continuation of her chronic knee pain, the MTUS for Chronic Pain recommends transferring to home exercises as soon as able and the physical therapy under this definition would still not be medically necessary in this situation.