

Case Number:	CM14-0022959		
Date Assigned:	05/28/2014	Date of Injury:	03/09/2008
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Emergency 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:

The patient with reported date of injury on 3/9/2008, no mechanism of injury was provided. The patient has diagnosis of tricompartmental arthritis of bilateral knees, loose body in the knees, chondromalacia of patella, unspecified synovitis, tenosynovitis and meniscus tear of knee. The patient has a history of arthroscopy of left knee on 9/23/11 and post right knee arthroscopy on 12/30/11. Multiple medical records from primary treating physician and consultants reviewed. The last record available was from 1/20/14. Patient complains of bilateral knee pain with right knee worse than left side. Pain is receiving regular shots on Synvisc One and Kenalog. Pain improves with Synvisc One and Kenalog injections. Patient reports difficulty bending and squatting. Objective exam reveals well-healed arthroscopic scars, trace effusion and patellofemoral crepitations. The patient had a positive grind test. No complete physical exam reports were provided. X-ray of bilateral knee on 8/27/13, shows chronic arthritic changes with tracking error on both sides and loss of cartilage and joint space narrowing in medial compartments. No other advance imaging such as MRIs were provided. No medication list was provided. Progress notes mention prescriptions for Norco, Celebrex and Omeprazole. There is no mention of any other prior physical therapy sessions performed. Utilization review is for request for physical therapy two times a week for six weeks for bilateral knees. Prior UR on 2/6/14 modified request to four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, physical therapy may be beneficial in controlling inflammation and potentially improve activity. As per treatment guidelines, for patient's arthritis, it recommends 9-10 sessions over 4weeks with fading treatment frequency transiting to self-guided home treatment. The requested number of sessions (12 total) over the timespan (6weeks) does not meet this criteria as set by the MTUS guidelines and is therefore not medically necessary.