MAXIMUS Federal Services

Case Number:	CM14-0023012		
Date Assigned:	05/12/2014	Date of Injury:	05/15/2011
Decision Date:	08/08/2014	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 Physical Medicine and Rehabilitation and Pain Management 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 injured worker is a 69 year old female who was injured on May 15, 2011. The mechanism of injury is described as lifting a roll of carpet to shelf it where the injured worker twisted the left knee and injured her low back. The diagnosis subsequent to the injury is left knee sprain/strain. An MRI revealed a tear in the lateral meniscus of the left knee. A referral was made to an orthopaedic surgeon who recommended surgical partial meniscectomy which was performed on September 01, 2011 along with chondroplasty of the lateral and medial femoral condyle. A treating orthopaedic specialist documented the injured worker has reached maximum medical improvement as of April 06, 2012. The treatment to date includes physical therapy and Synvisc injections. Pain is rated at 8/10. According to a note dated February 07, 2014 the injured worker is not a candidate for total knee replacement as her body mass index (BMI) is in excess of guideline recommendations. It is also noted there is no severe lack of range of motion in the left knee joint. The note further indicated the injured worker had been approved for two additional physical therapy visits in which she would receive instruction on proper exercise technique to be maitained through a self directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 - Independent medical consultations.

Decision rationale: Per guidelines, orthopedic referral may be considered when there is activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. For meniscal tears, surgery is recommended for symptomatic meniscal tears for younger patients and for traumatic tears. Surgery is not recommended for knee osteoartitis in the absence of meniscal findings. For joint replacement, failure of conservative care including NSAIDs or viscosupplemnetation or steroid injections and limited range of motion less than 90 degrees, and no pain relief with conservative care and age over 50 years of age and BMI less than 35 and x-ray demonstrating significant loss of chondral clear space in at least one of the theree compartments, with varus or valgus deformity. The injured worker does not meet the above criteria based on the available information and thus the medically necessity of the requested service cannot be established at this time.

6 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the available medical records do not document any diagnostic evidence for the diagnosis of osteoarthritis. Additionally, the patient has had PT in the past , without documentation of detailed pain and functional assessment to support any indication of more PT visits. Nontheless, the injured worker had been approved for two additional physical therapy visits in which she would receive instruction on proper exercise technique to be maitained through a self directed home exercise program. Therefore, the requested 6 PT visits is not medically necessary according to the guidelines.