

Case Number:	CM14-0027528		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2006
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 47 year old female with a work injury dated 1/31/67. The diagnoses is degenerative joint disease. The patient had a history of bilateral knee surgeries, 2 arthroscopic surgeries on the right and left, with the left knee being the most recent, undated. There is an office visit dated 9/5/13. The patient had Supartz injection a month ago which allowed for some relief. Per documentation the member has already had 24 total physical therapy visits (12 for each knee). A 6/2/14 document states that on examination the patient has patellofemoral crepitation and pain with range of motion. She complains of popping and grinding in both knees when bending. She has tried Euflexxa in the past with relief. There is a request for Euflexxa and a knee brace. A 9/16/13 primary treating physician progress report states that the patient is improving with PT. On exam of knee there is no pain with range of motion and no effusion. The plan is to continue PT. A 9/5/13 document states that the patient has a history of bilateral knee surgeries and knee pain - 2 arthroscopic surgeries in R knee and 2 arthroscopic surgeries in L knee the L knee being the most recent. Patient notes tenderness~ at L patellar tendon and pain at medial aspect of R knee. Patient reports pain with prolonged standing, walking, going up/down stairs, and running, Patient had a Supartz injection a month ago which allowed for some relief. Patient would like to return to pain free running. The range of motion on each knee was 0-142 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS (12) BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Physical therapy 2 x per week for 6 weeks (12) to the bilateral knees is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines allow up to 10 visits for this condition. The request for 12 exceeds this recommendation. The documentation indicates that the patient has already had 24 total physical therapy visits. At this point the patient should be well versed in a home exercise program. The request for physical therapy 2 x per week for 6 weeks (12) is not medically necessary.