

Case Number:	CM14-0032275		
Date Assigned:	06/20/2014	Date of Injury:	12/07/2012
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 12/07/2012 from a motor vehicle accident. The MRI of the left knee revealed moderate chondral degeneration over the medial femoral condyle as well as a free edge tear over the medial meniscus. The injured worker is status post left shoulder rotator cuff repair in 01/2013 and left knee scope medial meniscus tear repair on 10/11/2013. The procedures were x-rays and a MRI that revealed torn rotator cuff in the left shoulder and torn medial meniscus in the left knee. Prior treatments included physical therapy for the left shoulder, medications, and conservative care. The injured worker complained of pain with weakness to the left side of the knee, which had slightly increased in severity. Loss of motor strength over the left knee was noted to be grade 4/5. The McMurray's test was noted to be positive over the left side of the medial and lateral joint line tenderness and patellar crepitus. On 11/14/2013, the initial post-operative therapy evaluation was done. The injured worker reported left knee post-operative pain, instability, weakness and loss of range of motion. The injured worker also complained of burning sensations to the distal lateral left thigh through her calf and occasionally to her toes. The injured worker's short term goals for physical therapy that had not been met were increase range of motion to within normal limits in 4 weeks, decrease pain to allow pain free return to modified work in 4 weeks, increase strength to within normal limits in 4 weeks, decrease joint swelling to equal uninvolved side in 4 weeks, injured worker to demonstrate normal gait on multiple surfaces without assistive device. The long term goals that have not been met include independent with home exercise program to continue improvement and prevent further injuries, full return to active duty in 6 weeks, and injured worker to demonstrate good balance on multiple surfaces in 6 weeks. Medications were not indicated in the documentation. The treatment request is for additional physical therapy to the left knee 12

visits. The Request for Authorization and rationale were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy , left knee, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for additional physical therapy to the left knee 12 visits is not medically necessary. The injured worker has a history of left knee pain. The injured worker is status post left knee scope medial meniscus tear repair on 10/11/2013. The California Medical Treatment Utilization Schedule (MTUS) recommend passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy 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. The guidelines allow for 12 sessions over 12 weeks with the postsurgical physical medicine treatment period being 6 months. The injured worker is reported to have attended 36 sessions and the postsurgical time frame has elapsed. CA MTUS guidelines support 9-10 visits for myalgia. The clinical information provided did not detail functional improvement as a result of the previously provided therapy to support additional sessions. Also, the current request exceeds guideline recommendations. As such, the request for additionally physical therapy, left knee, 12 visits is not medically necessary.