

Case Number:	CM14-0055834		
Date Assigned:	07/09/2014	Date of Injury:	08/13/2013
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in Texas and Oklahoma. 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 43 year old male who was injured on 08/13/2013 while he was installing a panel standing on an incline when he felt onset pain and a pop to his rightknee. The mechanism of injury is unknown. He has been treated with physical therapy and pain medication. Ortho evaluation note dated 03/17/2014 states the patient complained of right knee pain that is intermittent and sharp stabbing. He has muscle spasms in the right leg as well as swelling, popping, and clicking in the right knee. His right knee gives out. On examination of knees, he stands in 10 degrees of valgus. There is +3 synovitis. There is tenderness over the retropatellar area, medial and lateral joint line. There is +3 hard crepitation with motion. Dynamic vectoring of the patella is 20 degrees. There is increased medial and lateral laxiety and lateral collateral +3 on the right knee. Range of motion of the right knee revealed flexion to 120 degrees and extension to 0. The left knee range of motion revealed 130 degrees of flexion and 0 degrees of extension. The patient is diagnosed with degenerative arthritis, right knee, status post arthroscopy, right knee; and osteocondritis dissecans. Prior utilization review dated 04/02/2014 states the request for 12 additional physical therapy sessions right knee is denied. No rationale has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy sessions right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy of knee and leg guidelines Other Medical Treatment Guideline or Medical Evidence: lack of documentation relating to the goals of treatment and any description of how such treatment is not merely palliative in nature considering the plan/recommendation that the patient under total knee arthroplasty.

Decision rationale: The patient has been identified with sufficiently severe degenerative arthritis in the knee to warrant a total knee arthroplasty. This would imply that the patient has exhausted conservative treatment measures and is in need of surgical management. Therefore, the additional therapy that has been requested offers no therapeutic benefit and is palliative in nature. The Chronic Pain Medical Treatment Guidelines recommends that such treatment is medically necessary for musculoskeletal conditions when treatment goals are appropriate to achieve a therapeutic result and not palliative in nature. Based on these guidelines, the determination that knee replacement is her next treatment option, and the clinical documentation stated, the request is not considered medically necessary.