

Case Number:	CM14-0056360		
Date Assigned:	09/05/2014	Date of Injury:	12/27/2011
Decision Date:	10/10/2014	UR Denial Date:	04/18/2014
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 Orthopedic Surgery and is licensed to practice in Texas and Alaska. 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 44 year old male with a reported date of injury on 12/27/2011. The mechanism of injury was a solar panel fell on his right knee. The injured worker's diagnoses included osteoarthritis, degenerative joint disease of the knee, chronic narcotic use with no evidence of physical dependence, and history of right scaphoid fracture. The injured worker's past treatments included medications, 36 postoperative physical therapy sessions, Synvisc injections to the right knee, immobilization, and a Supartz injection. The injured worker's previous diagnostic testing included x-rays, and an MRI. The injured worker's surgical history included a right knee arthroscopy in 2012 and another right knee arthroscopy with chondroplasty of posttraumatic arthritis and partial lateral meniscectomy on 10/31/2013. On 04/30/2014 the physical therapy note graded the right knee active extension at 115 degrees and passive extension at 120 degrees (no change from 04/04/2014). On 06/04/2014 the injured worker was evaluated for right knee pain. The clinician observed and reported a right knee focused examination. McMurray's and Apley's testing were positive. There was a small effusion but no crepitation. Deep tendon reflexes were 2+/4. Skin was intact and normal in color. Compartments were soft and neurovascular status was intact. On 07/02/2014 the injured worker was seen for right knee pain. The clinical examination was unchanged and the provider documented that the injured worker had reached maximum medical improvement. No follow up was scheduled. The injured worker's medications included Pennsaid 2% apply four pumps to affected area four times per day or as needed, Norco 10/325 mg every 6 hours as needed, Celebrex 200 mg twice per day, and Neurontin 800 mg three times per day. The request was for 18 physical therapy sessions for the right knee. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):)
24..

Decision rationale: The request for 18 physical therapy sessions for the right knee is not medically necessary. The injured worker complained of post surgical right knee pain. The California Post-Surgical Treatment Guidelines recommend postsurgical physical therapy treatment for knee arthroplasty in the amount of 12 visits over 12 weeks. The postsurgical physical medicine treatment period is 6 months. The injured worker has completed more than 24 physical therapy visits and reached maximum medical improvement. The request for 18 additional sessions of physical therapy would exceed the guideline recommendations. The post surgical treatment period for physical therapy has expired. There is a lack of documentation which demonstrates the injured worker experienced significant objective functional improvement with the prior sessions of physical therapy. The requesting physician did not provide a recent clinical note with a complete assessment of the injured worker's functional condition which demonstrated the injured worker had remaining deficits which needed to be addressed with physical therapy. Therefore, the request for 18 physical therapy sessions for the right knee is not medically necessary.