

Case Number:	CM14-0060864		
Date Assigned:	07/09/2014	Date of Injury:	07/27/2009
Decision Date:	09/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine, 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 patient is a 56 year old female who was injured on 07/27/2009. The mechanism of injury is unknown. Prior treatment history has included 10 sessions physical therapy and home exercise program; left knee orthovisc viscosupplementation injections, 3/3. The patient underwent left knee Baker's cyst aspiration on 03/05/2013. Diagnostic studies reviewed include MRI of the left knee dated 02/18/2013 revealed complex tear of the posterior horn of the medial meniscus with radial tear and horizontal inferior articulating surface tear. MRI of the right knee dated 05/23/2013 demonstrated myxoid degenerative signal within the menisci without definite evidence of a meniscal tear; partial thickness chondrosis of the medial femoral condyle and to a lesser extent a focal full-thickness defect in the trochlear groove as described below. Progress report dated 04/17/2014 indicates the patient presented with complaints of bilateral knee pain. She reported she has been experiencing worsening pain along the left knee anteriorly with associated swelling. She has mild discomfort on the medial side of her left knee without radiation. Objective findings on exam revealed mild edema and mild suprapatellar effusion. There is medial joint line tenderness. Knee extension is from 0 degrees to 130/130 flexion. The right knee revealed mild crepitus. Range of motion is full from 0 to 130 degrees; McMurray's test is negative. She has been diagnosed with bilateral knee osteoarthritis; bilateral chondromalacia patellar and left knee medial meniscus tear. She has been recommended for Pennsaid topical anti-inflammatory solution to supplement meloxicam as well as cryotherapy. Prior utilization review dated 04/04/2014 states the request for Physical Therapy 1-2x6 of both knees is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2x6 of both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical / Occupational therapy.

Decision rationale: This is a request for additional physical therapy of 12 visits for the knees for a 56 year old female injured on 7/27/09 with chronic bilateral knee pain and bilateral knee degenerative joint disease. However, while the patient recently suffered an exacerbation of left knee pain and swelling in April 2014, her symptoms subsided with ice and Meloxicam. Her examination was devoid of significant functional deficit. There was mild left knee effusion. She had 0 to 130 degrees of range of motion bilaterally and intact strength. There was no ligamentous laxity. McMurray's test was negative. The patient was working full duty. Orthovisc injections were planned. Home exercise program appears to continue to be beneficial after having completed approximately 12 physical therapy visits in 2013. Medical necessity for additional physical therapy for the knees is not established at this time.