

Case Number:	CM14-0060883		
Date Assigned:	07/09/2014	Date of Injury:	07/27/2009
Decision Date:	08/11/2014	UR Denial Date:	04/16/2014
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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 07/27/2009 due to a fall. The injured worker complained of intermittent pain in both knees. The injured worker complained of pain being persistent but did not provide a pain score. On physical examination dated 04/12/2014, there was right and left medial joint line tenderness with palpation. Range of motion was extension at 0 degrees, flexion bilaterally was 130 degrees with mild to moderate crepitus on both sides. Stress testing of the knees showed full ligamentous stability in all directions bilaterally. McMurray's remained mildly positive for the right knee along the medial compartment. The injured worker's diagnoses were moderate to large effusions with mild acute synovitis, mild ACL and PCL degeneration, moderate size Baker's cyst, moderate diffuse medial compartment cartilage thinning with mild to moderate patelofemoral compartment cartilage thinning and mild lateral compartment thinning, moderate insertional tendinosis of the semi-membraneous and posterior ganglion noted. The injured worker's past treatment and diagnostics were physical therapy, lack of documentation that specifies number of sessions or functional deficits, an MRI of the left knee dated 02/18/2013 that revealed a medial meniscus demonstrates a complex tear of the posterior horn and body with a sizeable radial component at the posterior horn just proximal to the root insertion as well as a horizontal inferior articulating component centered at the posterior horn body junction. A moderate to large size effusion is present with mild edema within the pre-femoral infrapatellar fat pad suggests synovitis and a moderate Baker's cyst. A left knee Baker's cyst aspiration using ultrasound guidance for needle aspiration was performed on 03/05/2013. A left knee Orthovisc viscosupplementation injection with ultrasound guidance was performed on 05/05/2013. The treatment plan was for the injection series and MRI reviews. There was a request submitted for physical therapy 2 times a week for 6

weeks for the left knee. The Request For Authorization was not provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure Summary last updated 03/31/2014.

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

Decision rationale: The request for physical therapy two times a week for six weeks for the left knee is non-certified. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker had viscous supplementation injections of the left knee. The injured worker's range of motion was at 130/130 degrees, strength was at 5/5 on extension and flexion. The documentation indicates that she has had previous physical therapy and number of physical therapy sessions completed or efficacy of prior sessions cannot be established through documentation submitted for review. There was a lack of deficits to support additional formal therapy. Also, the request was submitted exceeds guideline recommendations. As such, the request for physical therapy 2 times a week x6 weeks for the left knee is non-certified.