

Case Number:	CM14-0061782		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2003
Decision Date:	09/17/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain Medicine, 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 injured worker is a 45-year-old who reported an injury on July 9, 2003 due to unknown mechanism. The injured worker's diagnoses were left total knee arthroplasty with frequent effusion, right knee osteoarthritis with high grade chondromalacia, status post arthroscopy with weakness, cervical strain, myofascial pain, lumbar strain, periodic spasm exacerbation following March 11, 2014 fall and major depressive disorder. The prior treatments included plaquenil therapy with a rheumatologist x1 month, acupuncture, home exercise program and a series of 3 Supartz injections, the final, which was given on March 27, 2014 with significant relief regarding the left knee symptoms. The injured worker's past diagnostics include an x-ray dated performed in March of 2014 that showed degenerative changes. The injured worker was status post arthroplasty, date not included in documentation received for review. The injured worker complained of right knee pain. It was reported that the knee pain had significantly improved. On physical examination dated March 27, 2014, there was no effusion or warmth noted on examination. The injured worker had tenderness to palpation of the bilateral joint lines with range of motion being 120 degrees of flexion and 0 degrees of extension as well as crepitus. Strength was 4+/5 in the quadriceps. The provider's treatment plan was for the continuation of home exercise program for the bilateral knees and use heat and ice application. Treatment plan was for the request of physical therapy for right knee x8. The rationale for the request was not submitted with documentation. The Request for Authorization form dated March 20, 2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right knee, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, they allow for fading of treatment frequency from up to three visits a week to one or less, plus active self directive home physical program. Myalgia and myositis unspecified allows for nine to ten visits over an eight week period. The injured worker had been complaining of pain to the right knee but described as minimal, diffuse, aching, nonradiating regarding her left knee symptoms, and home exercise program. The injured worker is status post right knee arthroscopy with no documentation as to the procedure date. Guidelines recommend an active self directive home exercise program. According to documentation, the injured worker participates in a home directed exercise program. There is lack of documentation in the clinical medical record to indicate when the injured worker's surgery occurred. Also there is no documentation in the clinical record to indicate if there there was any physical therapy or conservative therapy directed towards the knee was ever initiated. According to most recent clinical, the injured worker had received Supartz injections a series of 3 and indicates slight improvement with notating that the pain had been minimal upon the visit dated March 27, 2014. Range of motion was 120 degrees of flexion with 4+/5 strength. The deficits noted would not support additional formal supervised physical therapy versus an independent home exercise program. As such, the request for physical therapy for the right knee, eight sessions, is not medically necessary or appropriate.