

Case Number:	CM14-0069517		
Date Assigned:	07/14/2014	Date of Injury:	11/12/2008
Decision Date:	08/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopaedic Surgery 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:

This 50-year-old female bakery clerk sustained an industrial injury on 11/12/08. The injury occurred when she slipped, laterally rotated and twisted her left leg/knee. The surgical history was positive for left knee arthroscopy with partial medial meniscectomy, chondroplasty, and resection of medial plica on 2/13/09, unicompartamental medial joint replacement and lateral femoral condyle chondroplasty on 11/1/11, and right hip replacement on 8/7/13. The patient underwent revision left total knee replacement on 11/27/13. The 2/7/14 treating physician report cited an exacerbation of pain with forceful knee flexion in physical therapy. X-rays were obtained and showed no fracture or dislocation and the implant was stable. There was no knee instability, no peripatellar tenderness, and the range of motion was 0-80 degrees with anterior thigh pain in extension. Patellar tracking was good. Continued physical therapy was recommended. The 4/3/14 initial treating physician report indicated that the patient had relocated [REDACTED]. Subjective complaint included some knee pain and weakness with no significant swelling. The physical exam documented mild limp favoring the left leg, using a cane. Lower extremity knee exam documented range of motion 0-112 degrees, 2-3 degrees of valgus stress instability, stable to varus stress, and anterior/posterior movement with some mild instability at 90 degrees. The knee was stable at full extension with no swelling or effusion. There was good patella tracking and quadriceps strength at 4/5. The treating physician opined that the left knee was doing reasonably well with no evidence of infection, loosening or any other problems. The treatment plan recommended home exercise with a bicycle to improve her flexion and quadriceps muscle strength. She was advised to do normal activities of daily living and stop worrying about any additional physical therapy at this point. She was referred to pain management for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x per week for a total of 16 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 23-25.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the four month post-surgical treatment period had expired on 3/27/14. The MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Guideline criteria have not been met. The patient has completed post-operative physical therapy with some limitation in knee flexion, mild instability, and 4/5 quadriceps strength. The treating physician opined that these deficiencies could be appropriately addressed with her home exercise program and resumption of normal activities. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request for physical therapy 3x per week, total of 16 visits, is not medically necessary.