MAXIMUS Federal Services

Case Number:	CM14-0073781		
Date Assigned:	07/16/2014	Date of Injury:	03/23/2012
Decision Date:	10/20/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This is a case of a 58-year-old male who has filed a claim for industrial injury, left knee, with quadriceps rupture and postoperative pain, chondromalacia and intra-articular arthritis and pain; compensable consequence chondromalacia and pain, right knee; industrial injury, lumbar spine with residual pain and restriction of motion and function associated with an industrial injury date of 03/23/2012. Medical records from 2013 to 2014 were reviewed. Progress report dated 04/16/2014 shows that the patient continues to have persistent pain in his right knee. He localizes it primarily to the anterior and medial aspects of the knee. Symptoms are worse with any prolonged standing, walking, twisting, and stairs. He is not able to squat or knee. The patient continues to note residual pain in the contralateral left knee with pain primarily along the anterior and medial aspects of the knee. Symptoms are worse with any sort of prolonged standing and walking. On physical examination, his right knee has persistent swelling, effusion and tenderness over the medial joint line, a positive patellar compression test, and tenderness over the suprapatellar and infrapatellar regions. Lachman test and anterior and posterior drawer tests are negative. There is mild right quadriceps atrophy with good strength. The left knee demonstrates substantial quadriceps atrophy. Range of motion is restricted with full extension and flexion to 110 degrees. There is persistent extensor lag. The patient's right knee MRI demonstrates evidence of significant chondromalacia in the patellofemolar joint with lateral subluxation of the patella and some grade 2 signal in the medial meniscus. Treatment to date has included revision of quadriceps repair left knee, medications, home exercises, and physical therapy for the back, H-wave stimulation, viscosupplemental injections, and knee braces. Medications taken include naproxen, Percocet, Dilaudid, Celebrex, Ultram, and Voltaren gel. Utilization review dated 05/12/2014 modified the request for physical therapy from 12 sessions to a total of 9 visits. ODG

guidelines recommend 9 visits over 8 weeks for medical treatment of arthritis, chrondomalacia of patella, and tibialis tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for Bilateral Knees 2(2x for 6 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine Treatment

Decision rationale: According to page 98 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG Guidelines recommends 9 visits over 8 weeks for arthritis and old bucket handle tears, derangement of meniscus, loose body in knee, chondromalacia of patella, tibialis tendonitis; and 34 visits over 16 weeks for post-surgical treatment of quadriceps tendon rupture. In this case, as of 04/16/2014, the patient continues to have persistent pain in his right knee, localized primarily to the anterior and medial aspects of the right knee. He also continues to note residual pain in the contralateral knee with pain primarily along the anterior and medial aspects of the knee. Symptoms are worse with any sort of prolonged standing and walking. He has been doing a self-directed exercise program for his knees. Since the ODG guidelines recommend 34 visits over 16 weeks post-operative physical therapy for quadriceps tendon repair, there is a clear indication for this treatment. Therefore, the request for 12 Sessions of Physical Therapy for Bilateral Knees 2(2x for 6 weeks) is medically necessary.