MAXIMUS Federal Services

Case Number:	CM14-0091410		
Date Assigned:	07/25/2014	Date of Injury:	06/07/2012
Decision Date:	09/11/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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:

Injured worker is a female with date of injury 5/7/2012. Per primary treating physician's report dated 7/2/2014, the injured worker is taking hydrocodone, omeprazole, tramadol, meloxicam, and Flexeril which she indicates is helping to reduce her pain and discomfort. Her pain level with taking these medication is 4 and without taking is 5. She is not attending therapy. She is not working. Her right knee has a lot of crunching. There is pain and swelling. Getting up from a sitting position there is a lot of pain. She indicates it has given out on her while walking through [redacted]. On examination there is lateral displacement of the patella of about 2 cm. Right knee flexion is 145 degrees and extension is 180 degrees. Diagnoses include 1) internal derangement of right knee 2) severe osteoarthritis of right knee 3) probably medical collateral ligament straing, right knee 4) status post right toatl knee replacement 9/13/2013 5) status post repair of open dehiscence of right total knee replacement with disruption of quadriceps and exposed femoral component 9/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 8 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98,99,Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker provided a hand written plea, reporting that physical therapy has been very helpful towards the strengthening of her right knee. On the fourth post-operative day status post total knee replacement she fell, resulting in wound dehiscence. She reports that she was told there was some damage to the muscle above the knee. She states that sometimes her knee gives out and it is very sore when she goes to bed.The claims administrator notes that the injured wokrer had 13 visits of physical therapy post-operatively, and the therapist recommended discontinuing physical therapy since treatment goals were met.Per the MTUS Guidelines, the postsurgical physical medicine treatment period following knee arthroplasty is four months, and the recommended postsurgical treatment is 24 visits over 10 weeks. Since the injured worker is outside the postsurgical treatment period, the chronic pain medical treatment guidelines are applicable. For myalgia and myositis, unspecified, 9-10 visits over 8 weeks are recommended. The requested number of physical therapy visits is 16, which is in excess of these recommendations.The request for Physical Therapy 2xwk x 8 weeks right knee is determined to not be medically necessary.