

Case Number:	CM14-0094205		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2009
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Tennessee. 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 70-year-old female has a history of 2 injuries, 1 on October 28, 2003 and cumulative trauma 1/1/96-1/6/09. The injured worker has been treated ongoing with the February 4, 2014 report indicating instructions for the injured worker soft tissue modalities, exercise and participation and activity as tolerated and appropriate and the judicious use of medication. On April 28, 2014, the treating physician evaluated the injured worker in consultation for bilateral knee pain. The treating physician noted the injured worker reported no treatment to either knee to date. The injured worker reported bilateral knee pain with the pain mainly right knee. The injured worker reported no locking, giving out or popping. On physical examination range of motion is 0-135 bilateral knees with 5/5 strength. There was 1+ crepitus both the right and left and pain on compression of the patella right. The treating physician noted the magnetic resonance imaging from January 20, 2011 did reveal a posterior horn of the lateral meniscus tear. The treating physician counseled the injured worker as to the meniscal tear and noted there was also arthritis in the knee. Options for treatment were discussed and an arthroscopy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Medicine.

Decision rationale: With the medical records provided indicating the injured worker having no treatment of the right knee prior to the 4/28/14 report by the treating physician and with the subjective complaints noted and positive physical examination findings with crepitus and pain on compression of the patella a short course of physical therapy would be medically indicated to address the complaints and instituted a home exercise program. The previous denial was for postoperative physical therapy as the surgical procedure was recommended for non-certification but this request is for initial conservative treatment with physical therapy and would be medically indicated within California MTUS Chronic Pain Treatment Guidelines. Therefore, the request is medically necessary.