

Case Number:	CM14-0194537		
Date Assigned:	12/02/2014	Date of Injury:	05/20/1998
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 53-year-old female with a date of injury of 5/20/1998. Her diagnoses include: chondromalacia patellae, chronic pain syndrome, bilateral lumbar back pain with radiculopathy, shoulder joint pain, degenerative disease of the lumbar spine with history of an annular tear at L2-L4, depression, anxiety, and a sleep disorder. She previously underwent 10/3/2014 left knee arthroscopy with trochlear chondroplasty. Records also indicate that she has had prior arthroscopies as well in 1999 and 2002. She also experienced a fall in 5/2007 for which she is being treated for back pain. She has previously had a lumbar epidural steroid injection. Currently, per a 12/5/2014 progress note, she is being treated by a pain management physician with narcotic medications and muscle relaxants. This progress note's physical exam does not address her knee exam. A 10/28/2014 progress note's physical exam simply notes that the patient is using crutches and is non-weight bearing on the left leg. It also notes no peripheral edema, and that is wearing a knee brace. 24 physical therapy sessions postsurgical arthroplasty on 10/3/2014 are currently being requested. A utilization reviewer did not certify this request, and instead recommended 12 visits over 12 weeks. An independent medical review has been requested to determine the medical necessity of this disputed service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy (24) visits to the right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 132-133.

Decision rationale: In accordance with California MTUS guidelines, postsurgical arthroplasty treatment for chondromalacia of the patella, 12 physical therapy visits over 12 weeks are recommended. Below, is the direct citation: "Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 4 months." Therefore, the request for 24 physical medicine visits is not considered medically necessary.