

Case Number:	CM14-0195070		
Date Assigned:	12/02/2014	Date of Injury:	10/27/2011
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal 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:

The injured worker (IW) is a 66-year-old woman with a date of injury of October 27, 2011. She sustained injury to both knees. The mechanism of injury was not documented in the medical record. The IW underwent left knee arthroscopic surgery X 2 in 2012 and 2013 by different surgeons. She has had 3 cortisone injections, acupuncture as well as physical therapy (PT). A note dated December 17, 2013 reports that the IW completed her assigned PT. It is unclear how many sessions the IW completed at that time. A note dated February 25, 2014 states that the IW has attended 6/8 recently approved PT sessions. She notes improvement in her strength and is able to do more repetitions with her home exercise program. In March of 2014, the IW reports that she continues to do home exercises, but does not see the same type of progress that she saw with PT. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated August 26, 2014, the IW complains of worsening symptoms of her left knee and ankle pain. At times, she feels relatively well and walks well. At this point, she feels like she should just proceed with a knee replacement so that she can be functional. She is still getting on the bike and is able to ride for 10-15 minutes with 1-2 breaks. Her knee is giving way on her more frequently. Exam of the right vs. left knee range of motion: Flexion 135/120 degrees, and extension 0/-15 degrees. Patellar reflexes are 2+ bilaterally. Achilles reflexes are 2+ bilaterally. The IW has been diagnosed with history of knee surgery; right knee contusion; left knee contusion; arthritis of bilateral knees; derangement of lateral meniscus of the left knee; and lumbar spine strain. The treating physician is requesting physical therapy 2 times a week for 6 weeks to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks of the bilateral knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times per week for six weeks to the knees bilaterally is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the injured worker's date of injury is October 27, 2011 involving both knees. She underwent left knee arthroscopy, twice, in 2012 in 2013. She's had multiple cortisone injections as well as this author. The injured worker is an extensive physical therapy for this condition is now classified as chronic. There is no documentation of subjective or objective functional improvement from physical therapy in the record. Additionally, there is no rationale as to why the injured worker cannot continue on a home exercise program. In a progress note dated December 17, 2013 the documentation reflects the injured worker completed physical therapy. In a progress note dated February 25, 2014, the injured worker completed six out of eight physical therapy sessions. Subsequent documentation does not show any clinical indications or clinical rationale as to why additional physical therapy is now required. She underwent extensive physical therapy and should be well-versed with the exercises to perform at home. Consequently, absent the clinical indications for continued physical therapy along with objective functional improvement, additional physical therapy two times per week for six weeks to the knees bilaterally if not medically necessary.