

Case Number:	CM14-0199080		
Date Assigned:	12/09/2014	Date of Injury:	02/24/2008
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice, and is licensed to practice in New York. 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 member has sustained multiple events over the course of her working career that have resulted in a variety of compensable injuries. The issue at hand is in reference to her L Knee. She is reported to have sustained an injury to the L Knee 2/24/2008 when she was walking down a ramp and was struck by a cart injuring her neck and LLE. An MRI from 12/7/2009 reported a large joint effusion, severe tendinopathy throughout the entire patellar tendon, possible medial meniscus tear to include the posterior horn and severe chondromalacia of the patella and medial joint compartment without osteochondral defects. A neurology consult dated 10/9/2008 suggested that she had a L neuralgia and chronic L leg pain resulting from the trauma. Due to persistent swelling and pain in the L Knee together with the results of the MRI surgery was recommended. Surgery was accomplished 7/15/2010 for a partial meniscectomy, patella chondroplasty and removal of multiple loose bodies. Slow progress was noted post operatively despite PT. In October there were reports of difficulty with stairs and prolonged walking with a ROM of 5 to 120 degrees of flexion. An MRI was repeated 11/20/2011. This reported status post meniscus trimming, moderate arthritis of the medial compartment with broad areas of full thickness chondral loss along the medial femoral condyle, persistent Grade II-III chondromalacia of the superior portion of the lateral patella facet and a moderate joint effusion with synovitis throughout the joint along with multiple small loose bodies. L Knee pain is described as 2/10 on 12/30/2010 and the member reportedly was considering further surgery for a chondroplasty and removal of the loose bodies. Ultimately she declined surgery and chose pool therapy, work hardening, medications (UNKN) as well as a metal brace. She continued to remain symptomatic and was not considered to have had a good outcome from the surgery. As a result she was felt to require permanent work modifications from full time employment. She was felt to require ongoing pain management and possible cognitive behavioral therapy. It was recommended that

she should have the option of PT or acupuncture. A re-evaluation was accomplished 3/7/2013. She was noted to be working in customer service, part time at 4 days a week for a total of 20 hours. The L Knee is noted to be improved with occasional sharp pain and stiffness with numbness and tingling on the outside of the L Knee. The altered sensation was diagnosed as lateral cutaneous neuropathy. ROM at that time is reported as 0 to 130 degrees. Acupuncture has been reported as helpful for up to 6 months and the member had used Lidoderm patch's. The patient was reported to have followed up on 10/21/2014 after an US guided cortisone injection into the L knee. She described the result as an excellent response with pain down to 1-2/10 in the L Knee. ROM described as 0 to 120 degrees. She was not using any medications and continued to work part time. The item under discussion is the request for PT 2X/week for 4weeks for the L Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the left knee: Upheld

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 Part 2 Page(s): 7, 8, 13, 98, 99.

Decision rationale: Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. After the cortisone injection pain was rated as 1-2/10. ROM as 0-120 degrees with tenderness to palpation of the pes bursa. There is no description of any effusion or erythema or discomfort to palpation along the medial joint line. The balance of the knee examination is reported as negative. The patient was not taking any medications and continued to work part time with job modifications. It has been documented that the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated, which is not the case with this request. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no indication that the injured worker had continued with an active home program. A brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT. Documentation of a flare may be justification to consider another course of treatment but this patient reported an excellent outcome from the cortisone injection. The ongoing use of PT in this situation, especially in the face of an absence of improved function from prior repeated episodes of PT, cannot be supported. The request for Physical therapy is not medically necessary.