MAXIMUS Federal Services

Case Number:	CM14-0209385		
Date Assigned:	12/22/2014	Date of Injury:	12/10/2012
Decision Date:	02/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Jersey. 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 is a 58 year-old female who was injured on 12/10/12 while driving a bus, as someone ran a red light and hit her, causing both of her knees to hit the dash. She was diagnosed with cervicothoracic strain, status post T2-T12 fusion, improved left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, lumbosacral strain, right knee status post arthroscopic chondroplasties of the medial femoral condyle, lateral tibial plateau, lateral femoral condyle with microfracture chondroplasty of the patella, and status post left knee contusion. She had right knee surgery on 5/23/14 with post-operative physical therapy. Her medications included motrin, Ultracet. The current request is for 8 sessions of physical therapy for bilateral knees. The orthopedic surgeon and physical therapist both agreed that an additional 12 sessions would be beneficial for the patient as she continued to be non-weightbearing for 6 weeks after her surgery. As per the orthopedic surgeon, the patient had microfracture chondroplasty of her patella which is different from just a general arthroscopy and would benefit from additional supervised physical therapy.

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 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. The patient is 7 months post-right knee surgery with continued physical therapy. She had right knee status post arthroscopic chondroplasties of the medial femoral condyle, lateral tibial plateau, lateral femoral condyle with microfracture chondroplasty of the patella. The patient continued to be non-weight bearing at the time of request. The patient has received physical therapy post-operatively with improvement. As per the orthopedic surgeon, the patient had microfracture chondroplasty of her patella which is different from just a general arthroscopy and would benefit from additional supervised physical therapy. It is unclear why the patient needed bilateral knee physical therapy. Documentation of physical therapy notes shows progress of right knee but do not document the need for left knee therapy. Therefore, the request is considered not medically necessary.