

Case Number:	CM14-0032248		
Date Assigned:	06/20/2014	Date of Injury:	11/23/2009
Decision Date:	01/02/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery 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:

This is a 56 year old female who sustained a work related injury on November 23, 2009 while working as a teacher's aide. The injured worker fell and landed on all four extremities. She immediately complained of numbness of the entire body. A few hours later the injured worker became aware of pain in her neck, arms, upper back, hands, wrists and knees. Initial treatment included pain medication and x-rays of the neck and hands. The injured worker was deemed temporary totally disabled. Further treatment included neurological testing, psychological testing, an MRI, surgery to the right wrist on October 12, 2010 and January 13, 2012 and right knee surgery on November 15, 2013. The documentation supports that the surgeries provided some benefit; however, she continued to experience pain. An MRI showed evidence of patellofemoral malalignment of the right knee. A physician's progress report dated January 9, 2014 states the injured worker had constant pain of the right knee which increased with activity. Examination of the right knee revealed medical tenderness and a limping ambulation to the right knee. The injured worker was receiving physical therapy to help regain strength to the knee. Recent x-rays of the right knee showed no increase in osteoarthritis. The injured worker received an ultrasound guided injection to the right knee, and was dispensed pain medication as well as muscle relaxants for the pain. The treating physician requested additional physical therapy treatments three times a week for four weeks to the right knee. No physical therapy documentation was submitted for review. Per the Utilization Review documentation the injured worker had received at least 24 physical therapy treatments since July of 2013. Utilization Review evaluated and denied the request for additional physical therapy treatments due to the lack of documentation regarding range of motion and strength measurements. There was minimal reported objective benefit from the physical therapy services to date. Therefore, the treatment request for twelve additional physical therapy treatments is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS Post- Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case, the exam note from 01/09/2014 does not demonstrate any significant objective findings, such as knee strength or range of motion deficiencies, to warrant additional visits of therapy. It is unclear as to why additional treatment is being recommended or why the patient cannot be transitioned to a self-directed home program. Therefore, this request is not medically necessary.