

Case Number:	CM14-0044260		
Date Assigned:	07/02/2014	Date of Injury:	02/02/2012
Decision Date:	01/30/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Practice 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Post-surgical Treatment Guidelines, 9792.20 et seq., pages 11 and 25 (left knee); CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, pages 98-99 (thoracic and lumbar spine) Date/First Report of Injury: 2/2/12 Injured Worker Age, Gender and Complaints: 54 year old female presented to primary treating provider's office on 10/7/13 with a chief complaint of knee injury. History reveals that three months prior she was treated for a medial collateral injury 1 year ago, now with left knee pain for one to two weeks, she is favoring her right knee. At 11/7/13 appointment with primary provider, the injured worker complained of mid back pain and bilateral medial knee pain, right greater than left. At 1/13/14 PT visit, injured worker complained of a left knee that was still very painful. She reported difficulty with walking. She did feel as if she was improving with therapy. Her pain level was reported at 6/10, with 4/10 being her best and 7/10 being her worst pain. According to 3/5/14 status update, left knee much better with occasional soreness. Right, mid-back trigger point was noted. Treating/Referral Provider Findings: Examination of left knee by primary treating provider on 10/7/13 revealed medial joint line tenderness upon palpation, full range of motion, no effusion and neurovascularly intact. At 11/7/13 appointment with primary treating provider, exam revealed right greater than left medial joint line tenderness, positive McMurray's bilaterally, and tenderness of lumbar spine. Per 11/25/13 Initial Complex Orthopedic Consultation, thoracolumbar exam showed some mild, right sided paraspinal tenderness. However, thoracolumbar flexion was quite good. At maximum forward flexion, the patient was able to extend to the mid-calf level. Straight leg raise was negative bilaterally. Exam of bilateral knees revealed good functional range of motion without swelling or effusion. The patient, however, demonstrated both left and right medial joint tenderness, much more severe on the left than right. McMurray's slightly positive on the left. At post op visit (left knee scope on 1/3/14)

on 1/9/14, left knee minimal effusion. Range of motion was decreased. Incisions were well healed and neurovascular status was ok. Felt that injured worker was making good initial progress. At 3/5/14 visit, primary provider felt that injured worker was making steady progress and could work modified duty if available. Per AME completed on 3/21/14, range of motion of the left knee showed normal extension and normal flexion. Patellofemoral exam revealed crepitation. Apley's sign on the left was positive. The injured worker was unable to squat fully on the left knee. There was atrophy of the thigh and swelling noted over the medial aspect of the left knee. Range of motion of the Lumbosacral spine was as follows: Flexion (45-45-40), Extension (20-20-19) and Lateral Bending (20-20-19/20-20-19). Range of motion impairment ratings were as follows: flexion 2%, extension 2% and lateral bending 1%/1%. Per AME, the injured worker may return to work with the minimal limitation of no heavy lifting of more than 15 pounds. Diagnostics: MRI of the left knee completed on 11/20/13 revealed a tear at the inferomedial corner of the posterior horn of the medial meniscus demonstrating horizontal and vertical components. Conservative Treatment to Date with Results (if med review, document duration of use, indication for meds and results of use: At 11/7/13 visit with primary treater, Mobic and Medrol dosepak was prescribed. Physical Therapy 3x2 was prescribed for the thoracic spine and approved. According to status update from primary treater dated 1/9/14, requested therapy 3x2 for left knee, thoracic and lumbar spine. Treatment plan included PT, Norco for pain and home exercise program. On 12/4/13 a request was made for PT 2x3 for thoracolumbar spine. A request was made on 1/10/14 from primary treater to evaluate and treat the Lumbar Spine with physical therapy 3x2. On 3/5/14, another request was made for PT 2x3 for thoracic spine, lumbar spine and left knee. Treatment plan included PT, home exercises, Motrin as needed and modified duty work if available. On 3/27/14, the primary treating provider requested PT 3x3 for post left knee status, and lumbar strain. The initial post op physical therapy evaluation for her left knee and thoracic and lumbar spine was completed on 1/13/14. Per PT progress notes dated 1/24/14, it appears that injured worker was treated with exercises, modalities and instructed to continue with her home exercise program. She reported less pain with therapy and wanted to come in three times per week. According to PT notes, at that visit, the total PT completed was 4 post op for left knee. Active ROM was 0-80. Strength was as follows: 3/5 quads, 3/5 hamstring, 3/5 VMO and glut med 3+/5. Skilled PT was still being requested due to pain levels, poor function of her left lower extremity and significant difficulty performing activities of daily living. Therapy treatment plan consists of progression of therapeutic exercise program, pain management of left knee, myofascial release and joint mobilization techniques as well as modalities as needed. Therapist recommended PT 3x4. At 4th PT visit for lumbar and thoracic spine on 2/12/14, the injured worker had relief of back pain until the previous night as she took some laundry out of the dryer. On 2/14/14 therapy visit for left knee, therapist noted that knee flexion improved 10 degrees and the injured worker had completed 11 physical therapy visits. At 2/17/14 PT visit for left knee, this was the 12th visit, range of motion 0-115 and knee flexion improved 5 degrees. At 3/10/14 therapy visit for lumbar spine, it was reported that injured worker had experienced a 50% decrease in pain post treatment and this was the 9th visit. According to 3/24/14 progress notes, injured worker completed 24 PT visits to date post left knee surgery. She reported a burning pain deep inside her knee but was informed by her provider to continue with PT. ROM or functioning with activities of daily living not noted. As it relates to the lumbar and thoracic spine, the injured worker completed 13 visits and she indicated that her mid back pain persisted especially walking long distances or on uneven ground. Range of motion was not documented. Per AME completed on 3/21/14, future medical treatment would consist of a course of physical therapy but not more

than 6 visits per year for all exacerbations. The AME also addressed that given the left thigh atrophy, estimates approximately six months for the injured worker to reach maximal medical improvement. According to 3/26/14 PT assessment, the injured worker has completed 25 PT visits for the left knee, post-surgery. Range of motion is 0-130, strength quads 4/5. Injured worker has difficulty pushing through pain to gain range of motion. She has completed 14 visits for the lumbar and thoracic spine. As of 4/3/14, 16 PT visits total completed for lumbar and thoracic spine and 27 total post left knee surgery. As of 4/14/14, 17 visits completed for the lumbar and thoracic spine and as of 4/10/14, 28 visits completed post left knee surgery. The injured worker has quad weakness 3+/5. She indicated that knee and mid back pain were worse. Diagnoses: Bilateral knee pain; Internal derangement of bilateral knees, more symptomatic on the left than right; Lumbar spine strain; thoracolumbar myofascial strain, question secondary to limping; Post left knee arthroscopy, medial and lateral meniscectomies, and chondroplasty of the medial femoral condyle, 1/3/14 Disputed Service(s): PT x 9 left knee, thoracic and lumbar spine denied on 4/3/14. The request for continued left knee therapy is not consistent with MTUS. The guidelines allowed over 12 visits to be completed over a total of 12 weeks post-meniscectomy. The post-surgical period lasts 4 months (ended 5/3/14). As of 4/10/14, the injured worker has completed 28 physical therapy treatments without significant decrease in pain relief, increase in functional gains or increased ability to perform activities of daily living. It is the assumption that this is a retrospective review as the previous decision was made last year and a current report or current prescription has not been submitted for review. As it relates to the lumbar spine and the thoracic spine, the claimant has completed 17 visits as of 4/14/14. This request is not consistent with MTUS. MTUS allows 9-10 visits over 8 weeks (ended 3/10/14) for myalgia and myositis. Also, does not appear any significant improvement was made with decrease in pain or increase in functioning. Last PT note dated 4/14/14, revealed that injured worker felt that knee and back pain were worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X 9 left knee, thoracic lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11, 25.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines indicate that for myalgia and myositis, 9-10

visits over 8 weeks is appropriate. The request is not reasonable as patient has already exceeded total number of sessions of therapy recommended by guideline by undergoing 17 sessions without documentation of objective functional improvement through prior therapy and it is unclear why patient cannot be directed to self-help by now. The request is not medically necessary.