

Case Number:	CM14-0045959		
Date Assigned:	07/23/2014	Date of Injury:	01/19/2011
Decision Date:	01/02/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old female with a work injury dated 1/19/11. The diagnoses include primarily localized osteoarthritis; pain in leg; status post left total knee arthroscopy. Under consideration are requests for physical therapy 2 x 4 left knee. Per documentation the patient had on 5/25/11 a left knee arthroscopy, partial medial meniscectomy. On 1/11/12 she had a left knee arthroscopy, partial medial meniscectomy. She eventually underwent a left total knee replacement on 3/4/13. There is a 3/6/14 document that states that the patient has no knee pain but is weak with stairs. She feels fatigue. Her knee used to give out pre op but now feels stable. She uses Motrin 1-2 times per week when doing filing. On exam the range of motion is 0-125. The diagnoses are osteoarthritis of the knee. The treatment plan is PT for quad and hip abduction strengthening. The left knee reveals well healed portal incisions. The midline incision has healed well. There is no effusion and full extension. There is 125 degrees of flexion. The knee is stable to varus and valgus stress with the knee flexed to 30 degrees. The right knee reveals no effusion. There is full extension and 130 degrees of flexion. There is no pain with hyper flexion. There is no patellofemoral crepitus. The sensation to light touches intact distally in the sural, saphenous, superficial peroneal, deep peroneal and tibial distributions. There is 5 out of 5 strength of the EHL, Tibialis Anterior, Gastrosoleus, Peroneus Longus and Brevis, and Quadriceps. Palpable dorsalis pedis pulse. Foot warm and well perfused. The patient is not using an assistive device and walks with a fluid gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical therapy 2 x 4 is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient is over one year post op. Her physical exam does not reveal findings that would require 8 additional supervised therapy visits. She should be versed in a self-directed home exercise program at this point. The request for Physical Therapy 2 x 4 is not medically necessary.