

Case Number:	CM14-0057619		
Date Assigned:	07/09/2014	Date of Injury:	08/19/2012
Decision Date:	04/24/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 8/19/12. She has reported right knee injury with pain. The diagnoses have included chondromalacia patellae, knee pain and reflex sympathetic dystrophy of the lower extremity. Treatment to date has included medications, surgery, and physical therapy, bracing and conservative measures. Surgery has included right knee arthroscopic medial and lateral meniscectomy, chondroplasty of the patellofemoral articulation and medial femoral condyle with debridement of the infrapatellar tendon 10/11/13. Currently, as per the physician progress note dated 3/20/14, the injured worker complains of chronic right knee pain and has been using crutches for short distance and wheelchair for long distances. She states pain increased with weight bearing and the pain is different than prior to surgery. The pain was currently rated 5/10 on pain scale and the worst pain was rated 8-9/10. The associated symptoms she complained of were joint welling in the right knee, stiffness, tenderness, erythema, weakness and numbness. She requires the use of a scooter or wheelchair to go outside of home. The current medications included Ambien, Lidoderm patch, and Percocet. Physical exam of the right knee revealed she ambulated with a cane favoring the right side. There was erythema noted right lower extremity knee, joint swelling, flexion was limited and brace was intact to the right knee. It was noted that she continues to make slow but gradual progress status post right knee surgery and will continue with physical therapy as she continues to be limited in her ability to weight bear and use a straight cane for ambulation. The physician requested treatment included Twelve (12) additional post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2012 and underwent extensive right knee arthroscopic surgery in March 2014. When seen by the requesting provider more than six months later, she had ongoing chronic knee pain and was ambulating with crutches. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.