

Case Number:	CM15-0164879		
Date Assigned:	09/02/2015	Date of Injury:	10/08/2013
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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 45-year-old female, who sustained an industrial injury on 10-08-2013. The injured worker was diagnosed as having left knee degenerative joint disease, status post left vastus medialis obliquus V-Y advancement 12-08-2014, left knee lateral patella subluxation and medial retinacular ligament injury, status post left knee manipulation under anesthesia 2-23-2015, left quad atrophy, and tear of medial cartilage or meniscus of knee, current. Treatment to date has included diagnostics, left knee surgery on 12-08-2014 with subsequent manipulation under anesthesia on 2-23-2015, physical therapy (at least 22 post-operative sessions up to 5-22-2015), and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently (8-07-2015), the injured worker complains of left knee and low back pain, after a long day at work. It was documented that she was able to walk more and taking Ibuprofen without gastrointestinal pain. Objective findings for the left knee included lateral patella subluxation in full extension, positive patellofemoral crepitation and tenderness, positive grind and inhibition, 2 of 5 strength in quadriceps, and positive McMurray's sign. She was able to continue working full duty. Magnetic resonance imaging of the left knee (7-10-2015) showed a horizontal tear of the body of the lateral meniscus. The treatment plan included additional outpatient physical therapy for the left knee (3x4), modified by Utilization review for outpatient physical therapy for the left knee (x10), on 8-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post op physical therapy to the left knee three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in October 2013, underwent left knee vastus lateralis advancement due to patellar dislocation in December 2014, and required manipulation under anesthesia in February 2015. She was evaluated for physical therapy on 02/25/15 and, as of 05/22/15 had completed 22 treatment sessions after the manipulation. When seen, there was patellofemoral crepitus and tenderness with positive grind testing. McMurray's testing was positive. There was significantly decreased quadriceps strength. After manipulation under anesthesia, guidelines recommend up to 20 visits over 4 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.