

Case Number:	CM15-0168245		
Date Assigned:	09/08/2015	Date of Injury:	03/24/2011
Decision Date:	10/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on 3-24-11. A review of the medical records indicates that the injured worker is undergoing treatment for right carpal tunnel syndrome, right wrist sprain and strain, left knee internal derangement, left knee lateral meniscus tear, left knee sprain and strain, anxiety, depression, irritability, and nervousness. Medical records (4-27-15 to 7-23-15) indicate ongoing complaints of left knee pain, rating "7-8 out of 10", with stiffness, bilateral hip pain, right knee pain, and right wrist pain. Records indicate that he walked with a "waddled gait", wearing a hinged brace on her left knee and using a four-point cane or a walker, on occasion. Her range of motion of the left knee was noted to be decreased and painful (4-27-15). She received at least eight sessions of physical therapy. Additional therapy was requested, but denied. Her treatment has included oral medications (Norco and Alprazolam), as well as the requested physical therapy. She underwent a left knee arthroscopic surgery on 7-17-15. A request for authorization of physical therapy and range of motion testing was completed on 6-1-15 and, again, on 7-13-15. The original utilization review (7-24-15) denied the request for physical therapy and range of motion testing with the rationale as no documentation provided describing specific examples of objective functional improvement from the completed physical therapy and no provided documentation that the injured worker was involved in a home physical therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 54.

Decision rationale: According to the guidelines, therapy for a meniscal injury is recommended for 9 sessions over 8 weeks. In addition, the 12 sessions over 12 weeks are appropriate after surgery. In this case, the claimant had completed prior therapy without mention of therapeutic response. The physician had requested an additional 8 sessions of therapy prior to surgery. The request is not justified and not medically necessary.

Range of Motion Testing 1 x a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 18.

Decision rationale: According to the guidelines, range of motion devices and testing are for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. In this case, the request was for a month which exceeded the amount recommended by the guidelines. Therefore the request for a month of testing and intervention is not medically necessary.