

Case Number:	CM15-0188334		
Date Assigned:	09/30/2015	Date of Injury:	12/11/2013
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who sustained an industrial injury on 12/11/2013. A review of the medical records indicated that the injured worker is undergoing treatment for left knee osteoarthritis. The injured worker is status post left knee arthroscopic lateral release on 01-30-2015. According to the treating physician's progress report on 08-17-2015, the injured worker presented for re-evaluation of the left knee and reported no significant improvement. Examination demonstrated a mild effusion with a well healed arthroscopy portal sites. The injured worker was unable to straighten her knee with an extensor lag of 40 degrees. Quadriceps tone was poor. Atrophy of the quadriceps had been documented as present since at least 02-17- 2015, according to the review. Prior treatments have included diagnostic testing, surgery, Supartz injections times 3 to the left knee (last dose 06-15-2015), physical therapy (at least 13 sessions since surgery), home exercise program and medications. On 08-21-2015 the provider requested authorization for additional physical therapy twice a week for 4 weeks for the left knee. On 08-28-2015 the Utilization Review determined the request for additional physical therapy twice a week for 4 weeks for the left knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 4 for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The patient was injured on 12/11/13 and presents with left knee pain. The request is for ADDITIONAL PHYSICAL THERAPY 2 TIMES 4 FOR THE LEFT KNEE to improve strength of the knee. The RFA is dated 08/21/15 and the patient is on total temporary disability. On 01/30/15, the patient underwent a left knee arthroscopic lateral release. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient's left knee has quadriceps atrophy, mild effusion, quadriceps measured at 10 cm above the superior pole of the patella is 41 cm, the patient is unable to straighten her knee with an extensor lag of 40 degrees, and quadriceps tone is poor. She is diagnosed with left knee osteoarthritis. The patient is now out of the post-surgical time frame; therefore, MTUS Guidelines pages 98-99 were referred to. The utilization review letter states that the patient has had at least 23 prior sessions of physical therapy since February 2015. It is unclear how many of these sessions occurred after the post-surgical time frame or how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. The request IS NOT medically necessary.