

Case Number:	CM15-0034912		
Date Assigned:	03/03/2015	Date of Injury:	04/14/2011
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina, Georgia
 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 57 year old female, who sustained an industrial injury on 4/14/11. On 2/22/15, the injured worker submitted an application for IMR for review of Postoperative physical therapy for the right knee, 3 times a week for 3 weeks, and Motrin 800mg #90. The treating provider has reported the injured worker complained of continued lower back pain and bilateral knee pain with increasing locking sensation. The diagnoses have included L4-L5 facet arthropathy, L5-S1 annular tear; resolved left ankle sprain. Treatment to date has included physical therapy; H-Wave therapy; chiropractic care and acupuncture; MRI lumbar spine (1/26/12); x-rays bilateral knees (10/11/12); status post bilateral radiofrequency ablation L3-L5 (10/24/14); status post right knee arthroscopic chondroplasty drilling of medial femoral condyle and patellar resurfacing with lateral release (11/22/2014). On 2/23/15 Utilization Review non-certified Postoperative physical therapy for the right knee, 3 times a week for 3 weeks, and Motrin 800mg #90. No Guidelines were cited only that medical documentation did not support the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the right knee, 3 times a week for 3 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS post-surgical treatment guidelines for post surgical physical therapy after chondromalacia patella surgery allow for 12 visits over 12 weeks with a post operative period defined as 4 months. CA MTUS allows for limited extension of physical therapy when improvement is seen with initial interventions and there is reasonable expectation of continued improvement with additional physical therapy intervention. In this case, the claimant has completed 12 sessions of physical therapy with documented improvement but has residual symptoms for which a extension of physical therapy is expected to provide continued benefit. Additional physical therapy 3 x 3 is medically indicated.

Motrin 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Ibuprofen 800 mg #90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Ibuprofen. Ibuprofen 800 mg #90 is not medically necessary.