

Case Number:	CM15-0044024		
Date Assigned:	03/13/2015	Date of Injury:	02/17/2012
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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 59-year-old male who sustained an industrial injury on February 17, 2012. The injured worker fell, lost consciousness and injured his left elbow and right knee. The injured worker is status post left elbow compression and transposition of the ulnar nerve in November 2012, right arthroscopic meniscectomy and chondroplasty of the femoral trochlear in August 2013 and a right knee patellofemoral arthroplasty on August 1, 2014. According to the primary treating physician's progress report on January 29, 2015, the injured worker continues to experience left arm tingling with weakness and has had delayed wound healing of the right knee interfering with physical therapy and knee strengthening and conditioning exercises. Examination of the right knee during this visit demonstrated a well-healed incision and a low-level effusion. His knee extends fully and flexes to 125 degrees with some atrophy of the quadriceps muscles. There was no ligament instability. There were no recent medications listed. Since the August 2014 surgery, treatment modalities have consisted of Cognitive Behavioral Therapy (CBT), physical therapy with 7 completed, and evaluation of blood work with slightly elevated erythrocyte sedimentation rate (ESR) at times. The primary treating physician is requesting additional physical therapy, further blood work and aspiration of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy visits (24 total): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG physical medicine guidelines.

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

Decision rationale: According to the guidelines, physical therapy for post-surgical arthroplasty is 24 visits over 10 weeks. In this case, the claimant received 16 sessions of therapy. The claimant had undergone surgery over 4 months ago. There was no indication that additional therapy cannot be completed at home. The time frame was beyond 10 weeks post-op. The request for additional therapy is not medically necessary.

Routine blood work: CBC, ESR, CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: According to the guidelines, special studies maybe needed for infection, effusion, etc. In this case, the exam findings did not indicate a septic joint. There was minimal effusion and there was no history of collagen vascular disease. Routine blood may be needed in the event of red flag findings. Since there were no signs of active infection on exam and prior blood work was noted to be unremarkable, and without red flag symptoms, the request for blood work above is not medically necessary.

Right knee aspiration: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the guidelines, knee aspiration is recommended for tense acute effusions. It is not recommended through an infected area or for repeated aspirations. The claimant has had recurrent swelling and drainage from the knee. There was no mention of acute or tense effusion. There was mention of drainage, which had spontaneously closed and resolved. Therefore, the request for aspiration is not medically necessary.