

Case Number:	CM14-0120712		
Date Assigned:	08/06/2014	Date of Injury:	10/28/2001
Decision Date:	10/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who sustained an injury to her right knee on 10/28/01 while working as a flight attendant. She experienced a hard landing in a jump seat, injuring her neck, shoulder, and right knee. The injured worker underwent patellofemoral replacement on 08/09/10 that never fully recovered. She was scoped in 2011 for meniscus tears and arthritis. The injured worker continued to have pain. Treatment to date has included Cortisone injections, viscosupplementation, bracing, icing, medications, activity modifications, work restrictions, and time off work. Plain radiographs of the right knee dated 04/30/13 revealed no acute fracture dislocation involving bilateral knees; unchanged minimal degenerative changes in the right medial and lateral compartments; right patellofemoral arthroplasty again noted; minimal degenerative changes in the left medial compartment. Additional conservative treatment was planned and the injured worker was told that she cannot undergo total knee replacement unless there is bone on bone grinding.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X4 SESSIONS RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE.

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

Decision rationale: The previous request was denied on the basis that the history and documentation do not objectively support the request for additional physical therapy. The injured worker's course of treatment since her surgeries are unclear, but there is no evidence that she remains unable to continue and complete rehabilitation with an independent home exercise program. there was no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. Two visits were indicated as medically appropriate for education in a home exercise program. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for physical therapy times 4 visits for the right knee is not indicated as medically necessary.