

Case Number:	CM14-0148763		
Date Assigned:	09/18/2014	Date of Injury:	02/17/2013
Decision Date:	11/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 California. 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 57 year old female with a date of injury on 2/17/2013. As per the 8/21/14 report, she presented with continued left knee pain that radiated up and down the leg. She rated the pain level at 5/10. An examination of the left knee revealed anterior tenderness, stiffness with swelling and a limping ambulation. An examination of the knees dated 7/11/14 revealed slightly decreased range of motion of the left knee in flexion at 145 degrees. Three-view left knee x-rays and two-view left tibia/fibula x-rays (unknown date) revealed persistent osteoarthritis of the left knee. She is status post left knee arthroscopy with lateral meniscectomy on 12/23/13. Her only current medication appears to be Vicodin. She had recently completed (7/3/14) a series of five Hyalgan injections to the left knee as she has reportedly failed to get adequate relief with physical therapy, bracing, anti-inflammatory medications, and ice to the left knee. She was recently started on acupuncture treatment on 6/20/14, which she states is helping with her overall pain decreasing to a 6.5/10 from a 9/10 and it has reduced her over all medication intake. Physical therapy has again been recommended to regain strengthening, dynamic stabilization, and to help reduce her pain to a more manageable level as well as increase active range of motion (AROM) and passive range of motion (PROM). She was previously authorized for 14 post-operative physical therapy visits and there was no documented evidence of any functional benefit with the physical therapy. Diagnoses include osteoarthritis of the left knee and pain in the joint, lower leg. The request for physical therapy 3 times a week for four weeks (12 visits) for the left knee was denied on 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWkx4Wks for the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As per the California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the Official Disability Guidelines (ODG) guidelines, physical therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis, pain or derangement of meniscus and 12 visits over 12 weeks for post-surgical physical therapy (PT). In this case, the injured worker (IW) was authorized for 14 physical therapy (PT) post-operatively; however, there is no record of progress notes with documentation of any improvement in the objective measurements (i.e. pain, range of motion [ROM], strength) in order to support any indication of more physical therapy (PT) visits. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Nonetheless, there is no mention of the injured worker utilizing a home exercise program (HEP). At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the request is not medically necessary and appropriate.