

Case Number:	CM15-0001000		
Date Assigned:	01/12/2015	Date of Injury:	05/23/2014
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male patient, who sustained an industrial injury on 05/23/2014. A physical therapy visit note dated 08/05/2014 described subjective complaint of pain, both medial and internal joint line. Objective findings showed patient with increased discomfort during exercise; felt a sharp stretch in medial knee while stretching during tibial rotation. The plan of care involved continuing as planned. The initial orthopedic consultation dated 10/23/2014 reported current complaint of sore knee; at the points anterior and lateral aspects of the left knee. He stated the pain worsen when attempting to go up or down stairs. An MRI performed 09/23/2014 showed degenerative joint disease of the patellofemoral articulation with diffuse chondromalacia as well as a possible tear of the lateral meniscus. The patient has a history of prior work related injury to the left knee which had been treated with both arthroscopic surgery as well as a medial compartment uncondylar knee arthroplasty. It was reported that he had residual symptom but functioned at a high level working usual duties until the recent injury dated 05/23/2014. He is prescribed the following medications; Diclofenac and Tramadol. Physical examination found left knee with a well-healed scar anteriorly and a small effusion present. The range of motion is noted at 5-120 degrees. There was negative Lachman, negative posterior drawer and the knee is stable to varus and valgus stress. There was also noted tenderness about the parapatellar region. McMurray's manuver produced pain but no palpable click noted. radiography undated revealed degenerative changes of the patellofemoral joint. The impression was status post left knee sprain and osteoarthritis of the left knee. A PR2 dated 11/04/2014 reported left knee pain ranging from a 2-8 out of 10 on acale; described as constant,

achy joint pain that worsened with activity and was associated with numbness. He was diagnosed with meniscus tear worse, chronic pain syndrome, DJD knee worse and chondromalacia of patella that is worse. The plan of care involved proceeding with follow up for left knee replacement surgery and continue home exercise as tolerated. On 12/19/2014 Utilization Review non-certified post-operative physical therapy three times weekly for four weeks treating left knee. On 01/05/2015, IMR application was received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy three times a week for four weeks 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: According to MTUS guidelines, Physical Medicine is Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). In this case, the patient underwent 6 physical therapy sessions with no improvement. The request for more physical therapy sessions is not justified.