

Case Number:	CM15-0106022		
Date Assigned:	06/10/2015	Date of Injury:	05/27/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female with a May 27, 2013 date of injury. A progress note dated April 16, 2015 documents subjective findings (persistent pain in the bilateral knees rated at a level of 8/10; slight improvement in the left knee with physical therapy), objective findings (well-healed surgical incision over the anterior aspect of the left knee with Steri-strips; no signs of erythema or infection; decreased range of motion of the left knee; decreased left quadriceps strength; slight decreased range of motion of the right knee; tenderness to the right medial and lateral joint lines; decreased right quadriceps strength; positive varus and valgus stress test), and current diagnoses (left knee meniscal tear; post-traumatic osteoarthritis of the left knee; right knee pain secondary to compensatory factors). Treatments to date have included left knee arthroscopy, left total knee arthroplasty, medications, physical therapy, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 6 wks, Bilateral Knees (12 session): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for bilateral knee pain. She underwent left knee arthroscopy for a meniscal tear and has had post-operative physical therapy. She has right knee pain attributed to compensating for her left knee. When seen, there was decreased knee range of motion and strength with right knee joint line tenderness. Guidelines recommend up to 9 visits over 8 weeks for treatment of the claimant's right knee. She has already had post-operative physical therapy for her left knee and concurrent treatment for both knees would be expected with similar therapeutic content. The number of additional visits requested is in excess of that recommended or what would be expected to establish or revise the claimant's home exercise program. The request is not medically necessary.