

Case Number:	CM15-0116045		
Date Assigned:	06/24/2015	Date of Injury:	03/03/2013
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 62 year old female, who sustained an industrial/work injury on 3/3/13. She reported initial complaints of pain in the left knee. The injured worker was diagnosed as having left knee ankylosis and s/p medial compartment arthroplasty. Treatment to date has included medication, injections, and diagnostics. MRI results were reported moderately severe degenerative osteoarthritis of the medial femoral-tibial compartment with large radial tear in the posterior horn of the medial meniscus near the root and horizontal cleavage tear in the posterior horn of the medial meniscus extending into the body, partial thickness degenerative chondroplasty in the patellofemoral joint, mild degenerative arthrosis of the lateral femorotibial compartment. X-Rays results were reported tricompartmental right knee arthritis most severe in medial compartment and moderate to advanced left knee osteoarthritis. Currently, the injured worker complains of left knee pain. Per the primary physician's progress report (PR-2) on 5/12/15, examination revealed decreased knee flexion, sensation is intact, strength at 3/5 for knee flexion, extension, dorsiflexion, plantar flexion on the left side, swelling noted, gait is antalgic with diminished heel strike and toe-off , diminished step length and diminished cadence, and using a single axillary crutch. The requested treatments include physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records report pain in the left knee but do not document specific functional goals for additional 12 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for knee sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for additional 12 visits of PT. The request is not medically necessary.