

Case Number:	CM15-0116139		
Date Assigned:	06/24/2015	Date of Injury:	09/14/2009
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
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: California

Certification(s)/Specialty: Emergency 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 48-year-old male who sustained an industrial injury on September 14, 2009. He has reported a right knee injury and has been diagnosed with osteoarthritis, localized, primary, lower leg and joint pain lower leg. Treatment has included injection, surgery, and physical therapy. Flexion of the right knee was at 100 degrees, extension was at 5 degrees. Flexion of the left knee was at 140 degrees, extension was at 0 degrees. X-ray exam of both knees, standing right knee showed bilateral P/A with 30 degrees of flexion, bilateral merchant and lateral views show osteoarthritic changes of the patellofemoral compartment. Weight bearing AP, lateral and sunrise views of the knee show patellofemoral joint space narrowing, osteophytes, sclerosis and subchondral cysts. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks right knee: 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 Page(s): 24.

Decision rationale: The requested Physical therapy 2 times a week for 6 weeks right knee is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Knee, Page 24, note: "California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation (8 CCR 9792.24. 3), Knee." The injured worker has flexion of the right knee was at 100 degrees, extension was at 5 degrees. Flexion of the left knee was at 140 degrees, extension was at 0 degrees. X-ray exam of both knees, standing right knee showed bilateral P/A with 30 degrees of flexion, bilateral merchant and lateral views show osteoarthritic changes of the patellofemoral compartment. CA MTUS 2009 Post-Surgical Treatment Guidelines recommend up to 24 post-op therapy sessions for this condition and continued physical therapy with documented objective evidence of derived functional benefit. The patient has been authorized 36 post-op therapy sessions to date. There is documented symptomatic and functional improvement from previous therapy sessions. However, the patient has already exceeded the recommended number of sessions for this particular condition. The extended duration of treatment should have provided ample time to transition the patient into a home exercise program. Per the most recent report, the patient is doing well at this time and does not report any significant functional deficits. The criteria noted above not having been met, Physical therapy 2 times a week for 6 weeks right knee is not medically necessary.