

Case Number:	CM15-0178456		
Date Assigned:	09/18/2015	Date of Injury:	11/17/2012
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 62-year-old male with an industrial injury dated 11-17-2012. Medical record review indicates he is being treated for osteoarthritis of knee. The progress note dated 07-20-2015 note the injured worker presented with ongoing left knee pain "for quite some time." The provider documents the injured worker has taken "some falls over the last several months." Physical findings are documented as no swelling and no effusion noted of the left knee. Range of motion is documented as -3 degrees of extension, 110 degrees of flexion with discomfort upon extremes. Gait was documented as antalgic. Tenderness to palpation to the medial anteromedial joint line was noted. Treatment at the 07-20-2015 visit is documented as a steroid injection to the left knee. The treatment plan as documented by the provider included a left knee unicompartmental arthroplasty. MRI of left knee dated 03-21-2015 is documented as showing; (1) Interval slightly more prominent complex tear of posterior horn of medial meniscus with radial and horizontal components near posterior meniscal root and mild medial meniscal extrusion. (2) Significant chondromalacia at the medial femoral compartment with full thickness articular cartilage loss of the medial femoral condyle measuring 1.2 cm; unchanged to more prominent since prior study. Subchondral edema and cystic changes at the medial tibial plateau. (3) Mild degenerative signal anterior cruciate ligament. Prior treatments included knee brace, physical therapy, steroid injections and viscosupplementation injections and a "lengthy trial of glucosamine." Medical records reviewed do not indicate the number of previous physical therapy visits. The treatment request is for physical therapy x 24 visits for the left knee. On 08-31-2015 the request for physical therapy x 24 visits for the left knee was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 24 Visits for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: MTUS 2009 recommends up to 24 sessions of PT post operatively for an arthroplasty. However, it does not appear that surgery will take place based upon the medical records. Therefore, there is no obvious need for PT without the surgery. This request for PT is not medically necessary at this time.