

Case Number:	CM15-0075286		
Date Assigned:	04/27/2015	Date of Injury:	01/23/2006
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained a work related injury January 23, 2006, while slipping on sandy wet terrain while carrying heavy objects, she twisted her knee. Past history included right knee surgery. According to a physician's pain management follow-up report, dated March 12, 2015, the injured worker presented with complaints of pain in the neck, thoracic spine, lumbar spine, both wrists, both knees, and medial right ankle. The pain is described as cramping, aching, burning, stabbing, and pins and needles. The medial right ankle is numb and also some numbness noted in the thoracic spine. She reports to physician, she is thinking of neck surgery and/or left knee surgery. Current medication included Morphine ER, Morphine IR, Flexeril, and Trazodone. She stated; the medication has no effect on her pain, she can lift only lightweight, she needs assistance but can manage most of her personal care, and she sleeps less than 2 hours. There is decreased sensation on the medial aspect of the right ankle. Tenderness is present in the midline region of C4-5 and right greater than left tenderness over the paraspinal muscles in the lower cervical spine. Diagnoses are degenerative disc disease at cervical thoracic, and lumbar levels; cervical facet syndrome; herniated nucleus pulposus without myelopathy, thoracic and lumbar; radiculitis at the thoracic spine; degenerative scoliosis; spinal stenosis, cervical and thoracic; carpal tunnel; knee pain. Treatment plan included and extension for approval of a right medical branch block C4-C6, prescribed medications and follow-up in a month. At issue, is the request for post-operative 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:

Post-operative Physical Therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical Medicine treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the determination is not medically necessary.